EVALUATION PROTOCOL

The Ben Kinsella Trust's Choices and Consequences intervention: A randomised controlled trial efficacy study

Cordis Bright

Principal investigator(s): Matt Irani, Madeleine Morrison, Dr Stephen Boxford, Emma Andersen, Professor Darrick Jolliffe, Camilla Antrobus, Kam Kaur, Karim Bukleb, Dr Jordan Tomkins

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Evaluation protocol

Evaluating institution: Cordis Bright

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Project title	The Ben Kinsella Trust's Choices and Consequences intervention: A randomised controlled trial efficacy study
Developer (Institution)	The Ben Kinsella Trust
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Protocol author(s)	Matt Irani, Madeleine Morrison, Dr Stephen Boxford, Emma Andersen, Professor Darrick Jolliffe, Camilla Antrobus, Kam Kaur
Trial design	Two-armed cluster randomised controlled trial with random allocation at the class level
Trial type	Efficacy study with internal pilot and integrated implementation and process evaluation (IPE)

Evaluation setting	Choices and Consequences is delivered in exhibition centres in London and Nottingham. Data collection also takes place in primary schools in and around London and Nottingham
Target group	Primary school pupils in Year 6
Number of participants	Approximately 2,900 pupils across 116 Year 6 classes, based on the sample-size assumptions set out in Section 3.3.4
Primary outcome and data source	WTCAK-11 composite score, capturing willingness to carry a knife and related knife-carrying beliefs and social perceptions, measured by an 11-item version of the *Willingness to Carry a Knife Scale* (Hobson, Yesberg and Bradford, 2022)
Secondary outcome and data source	**Prosocial orientation**, measured using the *Strengths and Difficulties Questionnaire (SDQ) – Prosocial behaviour subscale* (Goodman, 2005); **Peer relationships and peer problems**, measured using the *SDQ – Peer problems subscale* (Goodman, 2005); **Empathic concern and prosocial motivation**, measured using the *Empathy Questionnaire for Children and Adolescents (EmQue-CA)* (Overgaauw et al., 2017); and **Mental wellbeing,** measured using the *Stirling Children's Wellbeing Scale (SCWBS)* (Liddle and Carter, 2015).

Protocol version history

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1 Study rationale and background

1.1 Introduction

This is an efficacy study protocol with an internal pilot phase for a two-armed parallel cluster randomised controlled trial (cRCT) evaluation with integrated implementation and process evaluation (IPE) of the Ben Kinsella Trust's *Choices and Consequences* intervention.

The efficacy study will begin in March 2026, with set-up, mobilisation and school engagement activity beginning in spring/summer 2026. Delivery for the internal pilot will run from September to December 2026. Delivery for the full efficacy trial will run until July 2028. The analysis, reporting, peer review and publication process for the full efficacy trial will take place from August 2028 to spring 2029.

This section provides:

- An overview of the national and local systemic context in which *Choices and Consequences* operates.
- The rationale for the *Choices and Consequences* model, including its theoretical and empirical underpinnings.
- The rationale for testing *Choices and Consequences* through an efficacy cRCT.

1.2 Context

1.2.1 National context

This section sets out the national policy and evidence context in which the *Choices and Consequences* intervention operates. It focuses on five interrelated features of the current landscape:

1. Persistent levels of knife-enabled violence affecting children and young people;
2. The emergence of early-stage risk factors during late childhood and early adolescence;
3. Disproportionate exposure to violence-related risk among racially minoritised and disadvantaged children;
4. A national policy shift towards prevention and early intervention; and
5. Gaps in both provision and causal evidence relating to knife crime education.

Together, these features highlight the case for early, universal and developmentally appropriate approaches to prevention, and for robust evaluation of interventions designed to influence early precursors to later violent behaviour.

High and persistent levels of knife-enabled violence

Knife-enabled violence remains a significant and persistent concern in England and Wales. Over the past decade, recorded knife or sharp instrument offences have increased substantially, rising from approximately 26,500 in 2013/14 to over 50,000 in 2023/24 (House of Commons, 2025). Although there has been a modest decline in the most recent year, overall levels remain historically high.

Knife and offensive-weapon offending also involves children and young people, both as victims and as those drawn into violent incidents. In 2022/23, just under 3,400 knife or offensive weapon offences committed by children aged 10–17 resulted in a caution or sentence, representing a 23% increase compared to ten years earlier (Youth Justice Board, 2024). Exposure to violence often occurs through peer, school and community contexts, frequently well before adolescence, highlighting the importance of preventative approaches that seek to reduce harm and shape early risk orientation before violent behaviour becomes established.

Early-stage risk factors emerging during late childhood

Data on knife carrying among primary-aged children are limited. However, national survey evidence suggests that weapon carrying remains relatively uncommon, even among older adolescents. For example, the Youth Endowment Fund's *Children, Violence and Vulnerability 2024* survey found that around 5% of 13 – 17 year olds reported carrying a weapon in the past year (Youth Endowment Fund, 2024). However, emerging evidence indicates that some primary-aged children are already exposed to knife-related behaviours and norms. Findings from the Ben Kinsella Trust's *Keeping Young People Safe* (2024) report suggest that a small proportion of primary-aged children report having carried a knife (2%) or having thought about carrying one (8%), and that around one in four know someone who has carried a knife.

While knife carrying behaviour is uncommon at this developmental stage, evidence suggests that the cognitive, emotional and social risk factors associated with later serious violence often emerge early in the life course (Farrington et al., 2016). Late childhood and early adolescence are developmental periods in which risk orientation and self-regulation continue to change (Steinberg et al., 2008). Choices and Consequences is therefore designed to intervene at a point when beliefs about safety, peer influence and violence may still be developing, before patterns of behaviour become more established.

These early-stage factors are recognised as important precursors to later behaviour, particularly as young people's independence increases and exposure to risk intensifies during adolescence. Without intervention during this developmental window, beliefs and coping strategies related to threat, protection and peer influence may consolidate, narrowing the scope for later preventative influence. Intervening earlier, therefore offers an opportunity to

shape how children think and feel about violence before these harmful beliefs become entrenched and before inequities in exposure and outcomes widen further.

Disproportionate impacts and equity considerations

Exposure to serious violence and its associated risk factors is not evenly distributed. Children from racially minoritised backgrounds and those experiencing socio-economic disadvantage are more likely to live in communities affected by higher levels of violence and to experience overlapping forms of vulnerability (Lammy Review, 2017).

National data indicate that racially minoritised children, particularly Black and mixed-heritage boys, remain overrepresented at multiple points in the youth justice system. This overrepresentation reflects the cumulative effects of structural inequality, including racialised policing, differential access to early support, and disparities in decision-making. For instance, Black young people are more likely to be held on remand and may receive more severe outcomes than their white peers for similar offences (Lammy Review, 2017). Although the majority of primary school aged children will never carry a knife, these structural inequities mean that some groups are more likely to encounter violence-related risks earlier, disproportionately shaping perceptions of safety, threat and self-protection from a young age.

These disparities have important implications for prevention. Universal, school-based interventions delivered before behavioural involvement emerges can help to avoid stigmatisation and reduce the risk of disproportionately targeting marginalised children. Approaches that focus on attitudes, empathy and decision-making, rather than behaviours or criminal involvement, also support a more equitable approach by avoiding the criminalisation or surveillance of groups already subject to disproportionate system contact.

Policy emphasis on prevention and early intervention

In response to rising levels of serious violence, national policy has increasingly emphasised prevention and early intervention through a public health approach. The Home Office *Serious Violence Strategy* (2018) and the introduction of the *Serious Violence Duty* (2022) place a statutory requirement on local agencies to work collaboratively to address the underlying drivers of violence, including peer influence, emotional regulation, social norms and decision-making.

Violence Reduction Units and national funders such as the Youth Endowment Fund have prioritised interventions that seek to strengthen protective factors and reduce risk before violent behaviour becomes embedded. This policy direction reflects a growing recognition that early intervention is both more effective and more equitable, particularly when delivered during periods of developmental malleability.

Gaps in provision and causal evidence

Provision of knife crime education in schools remains inconsistent and takes a range of forms. Robust causal evidence about the effectiveness of different educational approaches remains limited, particularly for late-primary and early-secondary pupils. There is similarly limited robust evidence about the effectiveness of immersive or experiential approaches designed to support empathy, emotional engagement and reflection (Youth Endowment Fund, 2025b).

There also remains a lack of robust causal evidence on the effectiveness of knife crime education interventions, particularly those delivered to late primary and early secondary school pupils (Youth Endowment Fund, 2023). Existing evaluations are frequently pre–post or quasi-experimental in design, limiting confidence in conclusions about impact. Given the ethical and practical limitations of measuring behavioural outcomes such as knife carrying among younger children, national evidence frameworks increasingly emphasise proximal, developmentally appropriate outcomes, including attitudes, empathy, perceived norms and intentions.

Taken together, this context points to a clear need for early, universal and developmentally appropriate prevention interventions that address the social and emotional drivers of knife carrying before behavioural involvement emerges. Such interventions must be capable of engaging children meaningfully within school-based settings, avoiding stigma, and aligning with public health approaches to violence prevention, while being subject to rigorous evaluation capable of establishing causal impact on proximal outcomes.

1.2.2 Intervention context and organisational background

The following section provides an overview of the organisational context in which the *Choices and Consequences* intervention was developed and is delivered, and situates the intervention within the broader work of the Ben Kinsella Trust.

The Ben Kinsella Trust

The Ben Kinsella Trust (BKT) is a national knife crime prevention charity established in 2008 following the murder of Ben Kinsella, a 16-year-old from Islington who was fatally stabbed in an unprovoked attack. Founded by Ben's family, the Trust was initially focused on campaigning and advocacy, including successfully lobbying for legislative reform through the introduction of 'Ben's Law' in 2010, which increased the minimum sentence for knife crime murder to 25 years.

Over time, the organisation's focus has expanded from campaigning towards prevention through education. This shift reflects a strategic recognition that legislative responses, while important, are insufficient on their own to address the root causes of knife carrying and serious violence. BKT now operates as a specialist education and prevention organisation,

delivering educational interventions for children and young people, producing curriculum-aligned resources for schools and practitioners, and working in partnership with educators, statutory agencies and policymakers to promote early preventative responses to violence.

As of 2026, BKT operates three permanent exhibition and workshop sites in London (Islington and Barking & Dagenham) and Nottingham. Since opening its first exhibition in 2011, more than 48,000 young people have participated in BKT's *Choices and Consequences* intervention. BKT also delivers an annual Youth Ambassador Intervention and a national training service targeting parents, carers, teachers, schools, youth workers and community practitioners.

Alongside direct delivery, BKT has developed lesson plans, guidance documents, videos and digital resources that are freely available, and continues to run national awareness campaigns and advocacy projects, extending the reach of its work beyond exhibition-based provision.

The Choices and Consequences intervention

Choices and Consequences is the BKT's flagship educational intervention and has been delivered in various forms since 2011. The intervention is delivered as a structured, two-hour workshop within BKT's purpose-built exhibitions and is primarily targeted at children and young people in late primary and early secondary education.

The workshop comprises a sequence of facilitated spaces that combine visual displays, short films, interactive activities and immersive theatre. Across these spaces, young people are introduced to the personal, social and legal consequences of knife crime, as well as broader themes related to peer influence, responsibility and staying safe. Delivery is led by trained facilitators and professional actors, supported by detailed guidance on safeguarding, differentiation and emotional support (see Section 2.5 for further detail).

Choices and Consequences is well established within local knife crime prevention and education landscapes. For example, in the London Borough of Barking & Dagenham, where one of the *Choices and Consequences* exhibitions is located, over two thirds of schools have accessed the intervention, and each year over 50% of year 6-aged pupils in the borough access the intervention. In Nottingham and Nottinghamshire, the intervention is recognised by local education and safeguarding partners as a relevant preventative resource. For example, *Choices and Consequences* is referenced within Nottingham City Council's *Knives and Weapons Guidance for Schools and Education Providers* as part of recommended approaches to knife crime education and prevention. This reflects the programme's integration within local safeguarding and prevention frameworks, rather than evidence of effectiveness, which this study is designed to test.

The intervention has evolved iteratively over time in response to delivery experience, facilitator feedback, internal and external review. Recent updates have included revisions to content, language and assets, with an increased emphasis on depersonalised framing, age-

appropriate language and the careful management of emotional impact. The exhibition-based delivery model supports a high degree of consistency across sites while allowing facilitators to adapt delivery in response to group needs and contextual factors.

Organisational learning and readiness for evaluation

The Ben Kinsella Trust has an established culture of reflection and learning and routinely collects evaluation data and feedback from young people, teachers, facilitators and partners to inform intervention development. BKT has also undertaken large-scale internal and external evaluations of *Choices and Consequences*, including survey-based studies with pupils attending the exhibitions. The most recent externally prepared report (*Keeping Young People Safe,* Annabel Jackson, May 2024) analysed almost 10,000 pre- and post- survey responses from pupils who have participated in the intervention. The evaluation explored short-term changes in pupils' self-reported understanding of the consequences of knife crime, perceptions of safety and decision-making, empathy for those affected by knife crime, and confidence in responding to risky or conflict situations. Findings indicated positive shifts in these proximal, attitudinal measures immediately following participation, alongside evidence of increased practitioner confidence in addressing knife crime in educational settings. However, these evaluations have primarily employed descriptive or pre–post designs and have not been designed to establish causal impact.

Within this context, *Choices and Consequences* represents a mature, well-established intervention with a stable delivery model, substantial reach and a clearly defined target population. Its scale, delivery consistency and organisational infrastructure provide a strong foundation for independent, rigorous evaluation to assess the intervention's effectiveness and to contribute to the wider evidence base on early violence prevention.

1.2.3 Rationale for the Choices and Consequences intervention model

The *Choices and Consequences* intervention has been developed in response to evidence that early attitudes, beliefs and perceived social norms play an important role in shaping children and young people's later engagement with violence. As set out in Section 1.2.1, late childhood and early adolescence represent a formative developmental period during which beliefs about safety, peer influence, responsibility and acceptable behaviour are still malleable. The intervention model is therefore designed to intervene at a point where prevention can reasonably focus on cognitive, emotional and social processes, rather than on behaviour change or criminal involvement.

This developmental focus reflects both ethical considerations and empirical evidence base (e.g., Farrington et al., 2016), suggesting that early prevention is most effective when it targets the social and emotional precursors to later behaviour, before exposure to risk intensifies and beliefs become more entrenched.

The intervention model is underpinned by three interrelated design principles: (1) a focus on proximal, developmentally appropriate outcomes; (2) the use of immersive and experiential learning to support emotional engagement; and (3) universal, non-stigmatising delivery within educational settings.

Focusing on proximal and developmentally appropriate outcomes

Given the age group targeted by *Choices and Consequences*, the intervention does not aim to directly reduce knife carrying or violent behaviour in the short term. Instead, it focuses on outcomes that are considered developmentally appropriate and theoretically linked to later behaviour, including attitudes towards knife carrying, empathy for those affected by violence, perceived peer norms, and confidence in making safer choices.

This approach reflects ethical, developmental and methodological considerations. Behavioural outcomes such as knife carrying are rare among primary-aged children and difficult to measure reliably. While data around knife carrying for the primary age group are limited, YEF's Children, Violence and Vulnerability report 2025 showed that 2.1% of teenage children reported carrying a weapon in the past year. In contrast, attitudes, beliefs and intentions are more sensitive to change at this stage and provide an appropriate indication of whether intervention mechanisms are being activated.

By targeting these proximal outcomes, the intervention seeks to shape early risk orientation and decision-making processes before patterns of behaviour and exposure consolidate during adolescence.

Immersive and experiential learning approaches

The *Choices and Consequences* intervention is delivered through a structured sequence of immersive and interactive experiences, including facilitated discussion, visual displays, short films, role-play and immersive theatre. This design is intended to support emotional engagement, empathy and reflection alongside factual learning. The efficacy trial evaluates the effect of Choices and Consequences as a whole and does not assume that immersive or experiential delivery is inherently more effective than information-led or didactic methods.

Rather than relying on fear-based messaging or graphic content, the intervention aims to create a safe and contained learning environment in which pupils can explore the consequences of knife crime for victims, families and communities, while also reflecting on peer influence, decision-making and personal responsibility.

Immersive storytelling and theatre are used to make abstract risks emotionally salient, supporting perspective-taking and empathy rather than shock or deterrence. The content is carefully framed to avoid sensationalism or shock, with facilitators trained to manage emotional responses, support discussion and adapt delivery to the needs of different groups.

The use of immersive methods is intended to connect abstract concepts such as harm, consequence and responsibility to real-world contexts in a way that is emotionally resonant but developmentally appropriate. This approach seeks to balance engagement with safeguarding, recognising that content relating to serious violence may be challenging for some pupils.

Universal and non-stigmatizing delivery

The intervention is delivered universally to whole class or year-group cohorts, rather than being targeted at individuals deemed to be 'at risk'. This universal approach reflects concerns about stigma, labelling and the disproportionate targeting of marginalised and racially minoritised children in violence prevention initiatives.

Delivering *Choices and Consequences* as a universal educational intervention supports equal access and avoids positioning knife crime as an issue associated with particular groups of children or communities. It also reflects the recognition that attitudes and beliefs about violence are shaped through shared social environments, including peer groups and school cultures, and that shifting norms requires collective rather than individualised approaches.

However, equal access does not in itself guarantee equity of experience or impact. Children bring diverse lived experiences of violence, discrimination, trauma and system contact, and some pupils may engage with intervention content differently.

Equity is therefore supported through trauma-informed and inclusive facilitation, adaptable delivery responsive to different group dynamics, and close coordination with school safeguarding and pastoral systems. By aligning delivery with existing safeguarding structures, the model supports reach and sustainability while enabling facilitators to respond appropriately to emerging needs.

Iterative development and delivery maturity

The *Choices and Consequences* intervention has been delivered and refined over more than a decade, with its current model informed by ongoing learning from delivery experience, facilitator feedback and internal evaluation. Content, language and delivery practices have been adapted over time to improve age-appropriateness, emotional safety and consistency across sites.

This iterative development process has resulted in a clearly defined and manualised intervention model, delivered by trained facilitators within purpose-built environments and supported by detailed guidance and quality assurance processes. The maturity and stability of the intervention design support both fidelity in delivery and readiness for rigorous evaluation.

1.2.4 Rationale for an efficacy study RCT

Despite widespread policy commitment to early prevention and education-based responses to serious violence, there remains a limited evidence base on the causal impact of knife crime education interventions, particularly those delivered to late primary and early secondary school pupils. Existing evaluations are often descriptive or pre–post in design, making it difficult to determine whether observed changes can be attributed to the intervention rather than to maturation, external influences or selection effects.

Within this context, an efficacy randomised controlled trial (RCT) provides an appropriate and proportionate method for assessing whether *Choices and Consequences* leads to measurable improvements in its intended outcomes under conditions of high implementation fidelity.

In the context of this study, "ideal conditions" refers to delivery conditions intentionally designed to maximise implementation fidelity, consistency and participant safety. This includes delivery within purpose-built exhibition settings; use of trained facilitators and actors operating within a manualised intervention model; structured quality assurance and safeguarding procedures; controlled sequencing of workshop components; and delivery to schools able to support the intervention's safeguarding and logistical requirements. The trial therefore evaluates whether *Choices and Consequences* can produce measurable change when delivered under conditions optimised to support high-quality implementation, prior to testing effectiveness under more routine or variable delivery conditions.

Addressing gaps in causal evidence

As outlined in the Section 1.2.1, there is a particular gap in robust evidence relating to universal, school-based knife crime prevention interventions that focus on attitudes, empathy and perceived norms rather than behaviour. While internal evaluations of *Choices and Consequences* suggest positive shifts in young people's self-reported attitudes and perceptions, these findings do not establish causal impact.

An efficacy RCT allows for a rigorous comparison between young people who receive the intervention and those who experience business as usual, enabling estimation of the intervention's impact over and above what would have occurred in the absence of the intervention. This is particularly important given the increasing emphasis by national funders and policymakers on evidence-informed decision-making.

Suitability of an efficacy design

An efficacy study is appropriate at this stage of intervention development because *Choices and Consequences* is a mature intervention with a stable and manualised delivery model, established implementation infrastructure, and clearly specified core components. The

intervention can be delivered consistently across sites by trained facilitators within controlled delivery environments, allowing for a meaningful test of impact under conditions designed to maximise fidelity and implementation quality.

This efficacy design focuses on whether the intervention produces its intended effects when delivered as specified and with high fidelity, rather than on variation in implementation across diverse or uncontrolled contexts. This approach aligns with best practice for building an evidence base incrementally, prior to considering broader effectiveness or scale-up studies.

Alignment with ethical and practical considerations

An RCT design is also ethically and practically appropriate in this context. The intervention is delivered universally within schools, and the comparison condition reflects existing educational provision rather than the withdrawal of support. Outcomes will be measured using age-appropriate, self-report instruments focused on attitudes and perceptions, rather than on sensitive behavioural disclosures.

The study design allows for careful monitoring of unintended or adverse effects, including emotional distress, heightened anxiety about personal safety, or the inadvertent normalisation of knife carrying through increased salience of the topic. The evaluation will also be attentive to the potential reinforcement of stereotypes or harmful peer norms (e.g. perceptions that knife carrying is common or socially valued or that knife crime is predominantly linked to specific racial or ethnic groups), which is particularly important when working with younger children on sensitive topics related to serious violence.

Contribution to the wider evidence base

Beyond assessing the impact of *Choices and Consequences* specifically, this efficacy study aims to contribute to the wider evidence base on early violence prevention. There is limited UK-based experimental evidence on immersive, experiential educational approaches to knife crime prevention at this developmental stage.

By generating robust causal evidence, this study has the potential to inform future policy and practice, support evidence-informed commissioning decisions, and contribute to understanding how early, universal interventions may influence the social and emotional precursors to later violence.

2 About the Choices and Consequences intervention

2.1 Overview

This section provides a detailed description of the *Choices and Consequences* intervention. It sets out a causal pathway based on the intervention's Theory of Change to be tested as part of the efficacy study, as well as the intervention's target population and eligibility criteria, intended outcomes, delivery model, and the resources and systems required for implementation. The purpose of this section is to support transparency, replicability and robust evaluation, in line with established reporting standards for complex interventions.

Summary of *Choices and Consequences*

Choices and Consequences is a structured, immersive knife crime prevention intervention delivered by the Ben Kinsella Trust (BKT). It is delivered as a one-off, two-hour workshop within purpose-built exhibition spaces and is designed to support children and young people to understand the consequences of knife crime, reflect on peer influence and decision-making, and develop confidence to make safer choices.

Consistent with its universal and time-limited design, the intervention focuses on developmentally appropriate, proximal outcomes rather than immediate behavioural change.

The intervention is typically delivered during the school day and is accessed through school-organised visits to BKT exhibition sites. Delivery is led by trained facilitators and professional actors and combines facilitated discussion, visual displays, short films, interactive activities and immersive theatre.

2.2 Theory of Change and causal pathway

A full Theory of Change for the *Choices and Consequences* intervention is provided in Appendix 1. It describes how the intervention is intended to contribute to safer decision-making and, over time, reductions in knife carrying and serious youth violence.

For the purposes of this efficacy trial, we will test a focused causal pathway aligned to the proximal outcomes measured within the evaluation. This pathway reflects the specific mechanisms through which the programme is hypothesised to influence willingness to carry a knife in a universal cohort of young people.

The trial does not seek to measure long-term reductions in knife carrying behaviour directly within the trial timeframe. Instead, it tests whether the programme shifts theoretically grounded intermediate/proximal outcomes that are predictive of subsequent behaviour.

2.2.1 Causal pathway

The causal pathway underpinning this evaluation is as follows:

Stage 1: Programme exposure

Young people participate in the *Choices and Consequences* workshop, which includes:

- Immersive exposure to victim and family narratives
- Exposure to perspectives of someone involved in and/or affected by serious violence
- Facilitated discussion of consequences, legal implications and first aid
- Structured reflection on peer influence and decision-making

These components are designed to support reflective learning experiences, rather than fear-based deterrence.

Stage 2: Core mechanisms

Through immersive storytelling, facilitated reflection and structured discussion, participation in *Choices and Consequences* is hypothesised to activate a set of cognitive and social-cognitive mechanisms centred on strengthening pupils' understanding of knife crime consequences and reshaping perceptions of risk and peer influence:

- **Increased knowledge and understanding of consequences**
  Improved awareness of the legal, physical and social consequences of knife carrying.
- **Reframing of knife carrying as risky rather than protective**
  Challenging misconceptions that carrying a knife increases safety and reinforcing the potential for escalation and harm.
- **Consequences feel more real and tangible**
  Immersive narratives make consequences feel more concrete and meaningful, supporting reflective engagement.
- **Clarification of peer norms and reduced perceived acceptability**
  Reducing misperceptions about knife carrying as normal or inevitable within peer contexts.
- **Strengthened reflective thinking about choices under pressure**
  Supporting pupils to anticipate escalation pathways and rehearse safer responses to conflict or peer influence.

- **Increased legitimacy of non-violent choices and help-seeking**
  Reinforcing that safer choices and seeking support from trusted adults are credible alternatives.

As a one-off intervention, *Choices and Consequences* is not expected to produce permanent attitudinal or behavioural change in isolation. Its intended contribution is to create measurable proximal shifts in how young people interpret knife carrying, peer norms and personal safety by making consequences feel more concrete, emotionally salient and socially discussable. These shifts are expected to weaken beliefs that knife carrying is protective or socially acceptable, particularly before attitudes or behavioural patterns become more entrenched.

The durability of these effects is likely to depend on reinforcement within wider social contexts, including schools, families and peer relationships. Accordingly, the evaluation tests whether meaningful proximal change can be observed within the follow-up period, while recognising that longer-term behavioural change would require sustained reinforcement beyond the workshop.

Stage 3: Changes in proximal outcomes

The mechanisms described above are hypothesised to lead to measurable changes in:

- Willingness to carry a knife (primary outcome): A reduction in stated willingness or intention to carry a knife.
- Empathic concern and prosocial motivation (secondary outcome).
- Prosocial orientation (secondary outcome).
- Peer relationships and peer problems (secondary outcome).

These outcomes are treated as proximal indicators of programme impact within the timeframe of the trial.

Stage 4: Longer-term behavioural goals

Over time, reductions in willingness to carry a knife, alongside related shifts in empathy, prosocial orientation and peer functioning, may contribute to a lower likelihood of knife carrying and related violent behaviour.

Given the universal nature of the cohort, and the relatively low baseline prevalence of knife carrying, direct behavioural outcomes are not expected to be sufficiently prevalent within the trial period to provide sensitive indicators of change. The trial therefore focuses on proximal outcomes that are theoretically and empirically linked to subsequent behaviour.

2.2.2 Summary of evaluative causal pathway

Figure 1 demonstrates how the components of the *Choices and Consequences* intervention link to hypothesised mechanisms, proximal outcomes, and longer-term behavioural goals.

Figure 1: Evaluative causal pathway for *Choices and Consequences*

Intervention components (what young people receive)	Hypothesised mechanisms (what changes in the short term)	Proximal outcomes tested in the trial (what we will test)	Longer-term behavioural goal (what these changes are expected to contribute to over time)
The C&C workshop comprises the following elements: • Immersive victim and family narratives (Ben's story; film content). • Perspective of someone involved in and/or affected by serious violence through structured theatrical performance. • Facilitated discussion of consequences (legal, physical, social). • Guided reflection on peer influence, decision-making and personal responsibility. • Trauma-informed, non-judgemental facilitation designed to enable safe engagement. These components operate collectively rather than independently.	Through immersive storytelling, facilitated reflection and structured discussion, participation in C&C is hypothesised to activate the following mechanisms: • Increased knowledge and understanding of consequences. • Reframing of knife carrying as risky rather than protective. • Consequences feel more real and tangible. • Clarification of peer norms and reduced perceived acceptability. • Strengthened reflective thinking about choices under pressure. • Increase legitimacy of non-violent choices and help seeking. These mechanisms are expected to operate in combination to contribute to short-term reductions in willingness or intentions to carry a knife and improve other secondary proximal outcomes.	The evaluation tests whether participation in C&C leads to measurable change in the following proximal outcomes: • Willingness/intentions to carry a knife (primary outcome) • Empathic concern and prosocial motivation • Prosocial orientation • Peer relationships and peer problems Given the universal cohort and low expected prevalence of knife carrying behaviour within the trial timeframe, these proximal outcomes are treated as theoretically grounded indicators of programme impact. The evaluation also tests mental wellbeing as a monitoring outcome.[1]	If sustained, these proximal shifts may reduce the likelihood of later knife carrying and involvement in serious violence.

[1] Mental wellbeing is included primarily as a monitoring outcome to assess potential unintended consequences associated with participation in the intervention, rather than as a hypothesised short-term programme outcome.

2.3 Who does *Choices and Consequences* aim to work with?

Choices and Consequences is a universal educational intervention designed for children and young people aged approximately 10 to 18 years (Key Stages 2–5). The workshop is typically delivered to whole classes or year-group cohorts within participating schools and takes place at one of the Ben Kinsella Trust's purpose-built exhibition sites (currently in Nottingham, Islington and Barking and Dagenham).

The intervention is structured as a two-hour immersive workshop experience and is delivered to groups of up to approximately 30 pupils at a time. It is not targeted at individuals identified as 'at risk', but is intended for universal delivery within participating cohorts, reflecting its preventative focus and emphasis on shaping beliefs and norms before behavioural involvement in serious violence becomes established.

2.4 What does Choices and Consequences aim to achieve?

The full Theory of Change for *Choices and Consequences* is available in Appendix 1. The causal pathway extracted from the Theory of Change in Figure 1 suggests that the proximal outcomes *Choices and Consequences* is theorised to impact on during the efficacy trial are:

- Willingness to carry a knife: A reduction in stated willingness or intention to carry a knife.
- Increased empathic concern and prosocial motivation.
- Increased prosocial orientation.
- Improved peer relationships and decreased peer problems.
- Mental wellbeing will be measured as a monitoring outcome to assess whether participation is associated with any unintended emotional impacts. It is not treated as a hypothesised short-term mechanism of change.

In the longer term, it is theorised that by achieving these proximal outcomes, *Choices and Consequences* may reduce the likelihood of later knife carrying and involvement in serious violence.

2.5 What is required to deliver Choices and Consequences?

Delivering *Choices and Consequences* requires a combination of physical infrastructure, trained personnel and organisational systems.

Key inputs include:

- Purpose-built exhibition spaces designed to support immersive and sequential delivery;

- Trained facilitators with experience of working with children and young people;
- Professional actors trained to deliver immersive theatre components safely and consistently;
- Detailed facilitator guidance and delivery materials;
- Safeguarding policies and procedures aligned with statutory guidance;
- Systems for coordinating school visits, managing group needs and sharing relevant information in advance.

Facilitator training, safeguarding and quality assurance

Delivery of Choices and Consequences is led by trained facilitators and professional actors who complete a structured induction and ongoing quality assurance process. Induction includes review of detailed session plans and learning objectives, supported observations, co-facilitation, rehearsal, and progression to independent delivery with oversight and feedback from an experienced Youth Programmes Officer.

All delivery staff complete mandatory safeguarding and child protection training, Equality, Diversity and Inclusion training (including unconscious bias), and training in delivering sensitive content safely with children. Trauma-informed practice is embedded through practical approaches to supporting emotional safety, recognising distress, responding appropriately to disclosures, and adapting delivery to different group needs.

Delivery quality is monitored through formal observations against defined criteria, structured feedback discussions, and biannual refresher training to ensure consistency across sites and continuous improvement.

These inputs and systems are in place across delivery sites and are intended to support consistent implementation of the core workshop components within the efficacy trial.

2.6 How does Choices and Consequences work with children?

Choices and Consequences is delivered as a **structured two-hour workshop** comprising a fixed sequence of themed exhibition spaces. While facilitators adapt pacing and interaction to group needs, the workshop is intended to be delivered sequentially, with only limited flexibility under time pressure.

2.6.1 Pre-visit preparation

Schools are provided with a pre-visit information pack outlining workshop themes, sensitive content and recommended preparation activities. Schools are encouraged to use this pack to

prepare pupils emotionally for the visit, open up dialogue in advance, and familiarise staff with the content.

Schools are also asked to share relevant safeguarding, SEND and contextual information (e.g. recent bereavement, local incidents, known vulnerabilities), including their disclosures and concerns procedures, prior to the visit. This information is used to support safe and appropriate delivery and does not form part of the intervention content being evaluated. This enables facilitators to plan appropriate adaptations and support.

Pre-visit preparation is intended to support emotional readiness, safeguarding and practical delivery. While described in the Theory of Change as an activity that forms part of the intervention, it is not designed to deliver substantive intervention content or to drive changes in outcomes independently of the core workshop.

Accordingly, pre-visit activity is treated as a contextual facilitator rather than as a core component of the intervention within the trial. Variation in the extent or nature of preparatory activity is expected and will be documented through monitoring data and explored through the implementation and process evaluation, but it is not considered part of the causal package being tested.

2.6.2 Core workshop structure

The *Choices and Consequences* workshop is delivered as a structured, sequential experience across a series of themed exhibition spaces. The workshop is designed to be immersive, emotionally engaging and carefully scaffolded, with each component building on the previous one. While exact timings may vary slightly due to practical constraints, all core components are intended to be delivered in sequence.

The sequential structure of the workshop is intended to support emotional safety, cumulative learning and coherence, and forms part of the intervention model being evaluated.

The core workshop structure includes:

- **Introduction and ground rules**
  A facilitated introduction setting expectations, establishing a safe and non-judgemental learning environment, and providing clear trigger warnings. Pupils are informed that they may step out or seek support at any point if content becomes overwhelming.

- **Ben's Room**
  An open, well-lit exhibition space introducing the life and story of Ben Kinsella through photographs, artwork and narrative. This space aims to humanise the issue

of knife crime and establish an emotional connection grounded in empathy rather than fear.

- **Cinema Room**
  A darkened, enclosed space where pupils watch a short, emotionally powerful film exploring the impact of knife crime on victims' families and communities. The film contains no graphic violence but addresses themes of loss, grief and bereavement. Facilitators provide trigger warnings, acknowledge emotional responses, and allow time for decompression following the film. This space may be adapted or approached with caution for groups where recent bereavement has been identified.

- **Choices and Consequences Room**
  A facilitated, interactive space where pupils explore factual information related to knife crime, including the law, consequences of carrying or using a knife, and basic first-aid principles framed around staying safe. Content avoids graphic imagery and is delivered at an age-appropriate level.

- **Immersive theatre (Prisoner's Story)**
  An immersive theatre experience set in a mock prison cell, delivered by a trained actor portraying a prisoner. The performance focuses on the consequences of involvement in serious violence and the emotional impact on the character and their family. The portrayal is intentionally immersive but does not depict graphic acts such as stabbing. Actors are briefed in advance on group needs and adapt the intensity of delivery accordingly.

Relationship to prison awareness programmes

The Prisoner's Story has been considered explicitly in relation to the evidence on prison awareness programmes summarised in the Youth Endowment Fund's Toolkit. Prison awareness programmes are deterrence-based approaches in which current or former prisoners expose children and young people to the realities and difficulties of prison life, commonly through prison visits or sessions involving current or former prisoners. Some variants, including Scared Straight approaches, explicitly use intimidation or fear. The available evidence indicates that these programmes can increase rather than reduce later offending. Importantly, this evidence base is dominated by programmes involving visits to prisons.

The Prisoner's Story shares one feature with this wider category in that it takes place within a simulated prison-cell environment. However, its intended mechanism and delivery differ in several important respects. It is a brief (10 minute) fictional theatrical component within the context of a broader universal educational workshop; it is delivered by a trained actor rather than a current or former prisoner; its stated purpose is to support empathy, perspective-taking and reflection on consequences rather than fear-based deterrence; it excludes graphic

violence, intimidation and humiliation; and it is embedded within structured safeguarding, emotional-support and debriefing arrangements.

These distinctions do not establish the safety or effectiveness of the Prisoner's Story in isolation. Given the simulated-prison setting and the wider evidence on prison awareness approaches, pupils' experiences of this component will therefore be monitored explicitly during the internal pilot and considered as part of the participant-safety progression review described in Section 3.3.6.

- **Comic Room**
  An interactive, depersonalised comic-strip activity presenting a fictional story with multiple possible outcomes. This component is designed to support reflection on choices, escalation, peer influence and consequences, allowing pupils to engage with risk scenarios without reference to their own experiences.

- **Community Space**
  An exhibition space featuring visual displays and short films sharing the stories of pupils who have died as a result of knife crime, with content tailored to the local area. As in the Cinema Room, films are delivered with trigger warnings and opportunities for decompression.

- **Debrief and consolidation**
  A structured closing discussion focused on reflection, staying safe, identifying trusted adults, and signposting to further support. This session supports emotional regulation and ensures that young people leave the workshop with a clear understanding of where to seek help if needed.

Across all components, facilitators use depersonalised language, avoid requiring disclosure, and adapt delivery to the needs of the group while maintaining fidelity to the core structure, learning aims and safeguarding requirements.

While facilitators may adjust pacing or emphasis in response to group needs, omission of core spaces or substantive reordering of the workshop is not intended within the trial, except where required to manage safeguarding or acute distress.

2.6.3 Core components and permissible adaptations

Core components (expected in all deliveries):

Core components are those elements of the intervention that are considered essential to activating the intervention's Theory of Change and are therefore expected to be delivered in all workshops included in the trial.

- Delivery of all core thematic spaces in sequence;

- Clear ground rules and trigger warnings at the outset;
- Use of immersive storytelling and theatre to support emotional engagement and empathy;
- Facilitated discussion and structured reflection on choices, consequences and peer influence;
- A facilitated debrief following emotionally intense content;
- Non-judgemental, depersonalised language and avoidance of forced disclosure.

These components are expected to be delivered consistently across sites and facilitators and constitute the intervention as defined for the purposes of the efficacy trial. Maintaining these delivery conditions is central to the efficacy design of the trial.

Permissible adaptations:

Permissible adaptations are adjustments to delivery that are expected and appropriate in response to group needs, safeguarding considerations or practical constraints, provided that the core components and learning aims are maintained.

Permissible adaptations include:

- Adjustments to pacing, facilitation style and interaction to respond to group dynamics, SEND needs or time constraints;
- Localisation of content within the community space (e.g. victim stories and signposting).

These adaptations are expected and appropriate, provided that the core structure, learning aims and overall sequencing of the workshop are maintained.

Boundary between fidelity and adaptation:

The distinction between core components and permissible adaptations is intended to balance fidelity with responsiveness. Facilitators are trained to make professional judgements about adaptation in real time, particularly where safeguarding or emotional wellbeing is concerned.

Adaptations that would substantially alter the content, dosage or intended mechanisms of the intervention (for example, omission of core components or substitution with alternative content) are not permitted within the trial.

Variation in delivery and adaptation will be documented through delivery logs and monitoring data and explored through the implementation and process evaluation. This information will

be used to support interpretation of trial findings, including understanding whether variation in delivery may have influenced outcomes.

2.6.4 Safeguarding and emotional support

Safeguarding and emotional wellbeing are integral to the design and delivery of *Choices and Consequences*. *Choices and Consequences'* design actively avoids the normalisation of knife crime and knife carrying through explicit reminders and disclaimers to participants that knife crime is not common. It is communicated that the Ben Kinsella Trust are addressing the topic not because it is common, but because it is serious and important to understand, even though it is rare. Facilitators are trained in trauma-informed practice and in recognising signs of distress. Workshops are designed and delivered in ways intended to minimise distress and avoid the normalisation or sensationalism of knife crime. Facilitators explicitly communicate that knife crime is serious but uncommon, and workshop content avoids graphic imagery, pressure to disclose personal experiences, or emotionally coercive approaches.

Pupils are explicitly informed throughout delivery that they may pause participation, step out or seek support if content becomes overwhelming. Any safeguarding concerns or disclosures that arise during delivery are managed in line with the Ben Kinsella Trust's safeguarding policies and are shared appropriately with school safeguarding leads following the session. This includes knife-related disclosures, which will be escalated to the school safeguarding lead immediately where there is an immediate risk. Information about the workshop content, the potential for sensitive discussion, and the safeguarding procedures in place will be communicated to schools and to parents/carers in advance through trial information sheets and opt-out materials.

Each school is asked to share their policy, procedure and guidance on handling a disclosure from a child during the pre-visit preparation meeting. If a child, as a result of *Choices and Consequences,* discloses to the Ben Kinsella Trust or their teacher that they carry a knife, or know someone who does, schools' disclosures and concerns procedures will be followed. Teachers and accompanying staff remain responsible for pupils throughout the visit and work alongside facilitators to provide support as needed.

Safeguarding and emotional support processes are essential delivery conditions that enable safe participation in the intervention, rather than as active mechanisms of change within the intervention's Theory of Change. Wellbeing checks are embedded before, during and after workshop delivery. Before each visit, BKT and the school review known vulnerabilities, recent or relevant contextual events, anticipated support needs and the pastoral and safeguarding arrangements available to the group. Relevant information is used to brief facilitators and actors before delivery.

During the workshop, facilitators, actors and accompanying school staff monitor pupils' responses and may adapt pacing or intensity, pause activity, enable a pupil to step out, or involve appropriate school staff where required. Decompression and facilitated debriefing are built into the sequence following emotionally intense content. Following delivery, any concerns requiring ongoing support are handed over or escalated through the school's agreed safeguarding and pastoral routes.

During the internal pilot, Cordis Bright will maintain a school- and session-level safeguarding and wellbeing monitoring log drawing on BKT's end-of-session monitoring, a brief school follow-up check at T3, and concerns arising through evaluation activity. Completed nil returns will be recorded separately from missing or outstanding returns. The log will contain only the information needed to monitor patterns and inform progression, and detailed safeguarding records will remain within the relevant organisations' safeguarding systems.

Safeguarding and wellbeing concerns, adaptations made in response, and support provided will be documented through the relevant BKT/school processes and evaluation monitoring. Patterns across the internal pilot will be considered alongside qualitative data as part of the participant-safety progression review described in Section 3.3.6.

2.6.5 Quality assurance and standardisation

The Ben Kinsella Trust undertakes regular quality assurance to support consistency and fidelity. This includes structured observation of delivery, facilitator feedback and refresher training in line with the Ben Kinsella Trust's Quality Assurance Framework. While facilitators adapt delivery to meet group needs, learning aims and core components are standardised across sites.

2.7 Control group conditions

For the purposes of the efficacy study, pupils allocated to the control group will not receive the *Choices and Consequences* intervention during the trial period. Instead, they will continue to receive business-as-usual provision, including any PSHE education, safeguarding activities or wellbeing support ordinarily provided by their school.

This approach reflects ethical best practice for universal school-based interventions and ensures that pupils in the control group are not denied access to standard educational provision.

3 Impact evaluation

3.1 Overview

This section describes the design of the impact evaluation for the *Choices and Consequences* intervention. The evaluation is an efficacy study, using a two-armed cluster randomised controlled trial (cRCT) with integrated implementation and process evaluation (IPE). The study is designed to test the intervention under conditions intended to maximise fidelity and consistency of implementation, rather than under routine scaled delivery conditions.

The impact evaluation is designed to assess whether allocation to *Choices and Consequences* leads to measurable improvements in children's attitudes, perceptions and intentions related to knife carrying, compared with the control group, which receives business-as-usual provision. In line with the intervention's universal and time-limited design, the study focuses on proximal, developmentally appropriate outcomes, consistent with the intervention's Theory of Change and causal pathway.

Prior to full trial roll-out, the study will include an **internal pilot phase**. The internal pilot will be used to test and refine key trial processes, including school recruitment, consent procedures, randomisation at class level, data collection instruments, and the practical integration of intervention delivery with evaluation activity. The internal pilot will use the same eligibility criteria, intervention model and outcome measures as the main trial, allowing data to be pooled where appropriate in line with YEF guidance. In addition, baseline and follow-up data from the internal pilot will be used to review key parameters underpinning the power calculations (including outcome distributions, clustering and attrition), and to confirm whether the conservative recruitment target of 116 classes, expected to require up to approximately 58 schools remains appropriate.

The remainder of this section sets out the research questions, trial design, randomisation approach, participant journey, outcome measures, and analytical strategy for the impact evaluation.

3.2 Research questions

The research questions for the efficacy study are structured in line with guidance for efficacy trials, with a clear distinction between the primary impact question, a small number of secondary impact questions, and explanatory questions addressed through the integrated implementation and process evaluation (IPE) (see Section 4.2 .

The study is powered to detect an effect on the **primary outcome**. Secondary outcomes are included to support interpretation of the primary impact estimate and to assess changes in

theoretically relevant risk/protective factors specified in the Theory of Change and causal pathway.

The research questions are informed by the intervention's Theory of Change and focus on outcomes that are developmentally appropriate for children in late primary school.

3.2.1 Primary research question

The primary research question for the efficacy study is:

Does a two-hour universal knife crime education workshop, when delivered under efficacy conditions designed to maximise implementation fidelity, delivery consistency and participant safety, lead to a reduction in Year 6 pupils' (aged 10-11) willingness or intentions to carry a knife at 1-2 weeks post-workshop completion, compared with business-as-usual provision?

This question corresponds to the study's primary outcome measure and reflects a proximal indicator of early prevention impact, recognising that behavioural outcomes such as knife carrying are rare.

3.2.2 Secondary research questions

The secondary research questions are:

1. **Delivery:** Can the *Choices and Consequences* intervention work under ideal circumstances?
2. **Impact:**
    a. What is the impact of the *Choices and Consequences* intervention, compared with business as usual, on each of the following secondary outcomes: a) Prosocial orientation (SDQ prosocial subscale); b) Peer relationships and peer problems (SDQ peer problems subscale); c) Empathic concern and prosocial motivation (EmQue-CA total score); d) broader emotional wellbeing and wellbeing-related outcomes (SCWBS scores)?
    b. Does the impact of *Choices and Consequences* on the primary outcome (and, where feasible, key secondary outcomes) differ for pupil subgroups (for example by ethnicity, socio-economic status or additional needs), where sample size permits?
    c. Are any observed impacts of the *Choices and Consequences* intervention on pupils' willingness or intentions to carry a knife sustained at longer-term follow-up (T4), approximately one school term post-intervention?

3. **Unintended and adverse effects:** Are there unintended or adverse effects associated with *Choices and Consequences* (including any serious negative effects), and do these differ for particular groups of pupils?

4. **Mechanisms:** Which factors contribute most to the observed outcomes?

This evaluation will be delivered in line with race equity, diversity, equality and inclusion (REDI) principles, embedded across study design, recruitment, data collection, analysis and reporting. As part of this approach, we will monitor access, participation and completion rates by key demographic characteristics (including ethnicity, socio-economic indicators and additional needs), and will explore differential outcomes for racially minoritised and marginalised groups where sample size permits. REDI considerations will be integrated within both the impact evaluation and the implementation and process evaluation (IPE), including through subgroup analyses (where feasible), qualitative exploration of experiences, and transparent reporting of any differential patterns observed (see Section 6).

3.3 Trial design

The evaluation of the Ben Kinsella Trust's *Choices and Consequences* intervention will be an efficacy study, using a two-arm, parallel cluster randomised controlled trial (cRCT) design. The trial is designed to assess whether the intervention leads to measurable improvements in children's willingness and intentions to carry a knife, compared with business-as-usual provision.

Figure 2 presents an overview of the efficacy study trial design.

Figure 2: Trial design

Trial design, including number of arms		Two-arm, parallel-group cluster randomised controlled trial (cRCT), comprising an intervention arm and a business-as-usual control arm.
Unit of randomisation		Year 6 class.
Stratification variables (if applicable)		Randomisation is blocked within school, with allocation as close to 1:1 as possible. Delivery region (London/Nottingham) is used as an additional balancing factor, while school size determines the permitted within-school allocation split.
	variable	Willingness or intentions to carry a knife.

Primary outcome	measure (instrument, scale, source)	Pupil self-report survey using an 11-item version of the *Willingness to Carry a Knife Scale* (Hobson, Yesberg and Bradford, 2022).
Secondary outcome(s)	variable(s)	Prosocial orientation. Peer relationships and peer problems. Empathic concern and prosocial motivation. Mental wellbeing.
	measure(s) (instrument, scale, source)	*Strengths and Difficulties Questionnaire (SDQ) – Prosocial behaviour subscale* (Goodman, 2005). *SDQ – Peer problems subscale* (Goodman, 2005). *Empathy Questionnaire for Children and Adolescents (EmQue-CA)* (Overgaauw et al., 2017). *Stirling Children's Wellbeing Scale (SCWBS)* (Liddle and Carter, 2015).
Baseline for primary outcome	variable	Willingness or intentions to carry a knife.
	measure (instrument, scale, source)	Pupil self-report survey using an 11-item version of the *Willingness to Carry a Knife Scale* (Hobson, Yesberg and Bradford, 2022).
Baseline for secondary outcome	variable	Prosocial orientation. Peer relationships and peer problems. Empathic concern and prosocial motivation. Mental wellbeing.
	measure (instrument, scale, source)	*Strengths and Difficulties Questionnaire (SDQ) – Prosocial behaviour subscale* (Goodman, 2005). *SDQ – Peer problems subscale* (Goodman, 2005).

		Empathy Questionnaire for Children and Adolescents (EmQue-CA) (Overgaauw et al., 2017). *Stirling Children's Wellbeing Scale (SCWBS)* (Liddle and Carter, 2015).

3.3.1 Participative approach to the evaluation

This study will embed participatory principles within the boundaries of a robust efficacy trial design, reflecting good practice in youth-centred research and the extensive work already undertaken by the Ben Kinsella Trust (BKT) to involve young people in the development and refinement of the *Choices and Consequences* intervention.

The Ben Kinsella Trust has a strong track record of working with young people to co-design and iteratively refine its educational interventions. Young people were involved in the original development of *Choices and Consequences*, and the intervention has since been shaped through ongoing piloting and feedback loops to ensure content is relevant, appropriate and responsive to young people's experiences. BKT also maintains an ongoing Youth Advisory Board (YAB), which provides a standing mechanism for incorporating young people's perspectives into organisational decision-making.

Building on this foundation, the evaluation team will work with BKT to ensure that young people's voices are meaningfully reflected in aspects of the evaluation that directly affect participant experience. In particular, the study will engage with the BKT YAB to support the accessibility and appropriateness of participant-facing materials. The YAB comprises young people with lived and community experience relevant to the Trust's work, drawn from diverse socio-demographic backgrounds and supported through established safeguarding and facilitation structures. The YAB is hosted by BKT rather than being independent of the intervention. However, within the evaluation it will operate with a clearly defined advisory role and agreed terms of reference. The role of the YAB will extend beyond consultation on materials to include participatory input into how the evaluation is delivered and experienced.

This is expected to include:

- Reviewing and co-designing participant-facing materials (information sheets, consent and assent materials, privacy notices), including consideration of literacy levels and the potential use of alternative formats (e.g. simplified summaries, visual materials or short audio/video explanations) where appropriate;
- Sense-checking and advising on how pupil questionnaires are introduced and administered, including language, format, burden and engagement strategies to ensure they are age-appropriate and understandable;

- Advising on engagement approaches to maximise comfort, trust and inclusivity during data collection; and
- Informing consultation approaches within the IPE, including how qualitative methods are framed and experienced.

The evaluation team and BKT will convene structured advisory sessions with YAB members at defined points (e.g. set-up and interpretation of headline findings). These sessions will be facilitated in line with participatory research principles: clarifying expectations, exploring what young people want from their involvement, and ensuring feedback loops so that young people can see how their input has shaped decisions.

We are transparent that some aspects of the RCT cannot be altered. However, within these constraints, young people's lived experience will meaningfully shape how the evaluation is delivered, experienced and communicated.

Children and young people's involvement will be voluntary, appropriately supported and aligned with safeguarding requirements. Contributions and resulting adaptations will be documented and reported transparently, including where input has informed changes and where elements are fixed due to methodological requirements.

Overall, this approach reflects a participatory ethos within the practical and ethical boundaries of an efficacy trial. It strengthens the relevance, accessibility and ethical quality of the evaluation, while respecting the boundaries of a robust trial design and building on BKT's established commitment to youth participation.

3.3.2 Randomisation approach

Overview

The impact evaluation will use a two-arm parallel cluster randomised controlled trial (cRCT) design, with randomisation at the class level and blocked allocation within schools. Allocation will be as close to 1:1 within each school as possible, with the randomisation sequence designed to maintain appropriate balance within delivery region and across the trial overall. Randomisation will be conducted using Sealed Envelope, a secure, web-based randomisation platform, and will be overseen by the evaluation team at Cordis Bright.

The randomisation and sequencing procedures have been designed to ensure allocation concealment, minimise bias, and remain feasible and acceptable for participating schools and the delivery partner, the Ben Kinsella Trust (BKT). Decisions regarding the unit of randomisation, timing of allocation and sequencing of trial activities were informed by established principles for conducting school-based randomised evaluations and by practical considerations relating to intervention delivery within a universal, school-based context.

Unit of randomisation and allocation

The **unit of randomisation will be the Year 6 class**. Within each participating school, all eligible Year 6 classes will be included in the trial and randomly allocated on a 1:1 basis (or as close to a 1:1 ratio as possible for schools with an odd number of classes) to either:

- the **intervention arm**, in which pupils attend the *Choices and Consequences* workshop during the trial period; and
- the **control arm**, in which pupils continue to receive business-as-usual provision during the trial period.

Class-level randomisation reflects the universal, classroom-based nature of the intervention and avoids individual-level selection or targeting of pupils within participating schools.

Rationale for class-level randomisation

Class-level randomisation was selected as the most appropriate approach for this evaluation for several reasons.

First, it **aligns with how the intervention is delivered in practice**. Pupils attend the *Choices and Consequences* workshop as intact classes, travelling together and participating in the workshop as a group. Randomising at class level therefore preserves the intended delivery unit of the intervention, supporting implementation and avoiding disruption to school timetabling.

Second, class-level randomisation **reduces the risk of contamination** compared with individual-level allocation. Given the highly interactive nature of the workshop and the likelihood of post-session discussion among pupils, randomising individual pupils within the same class would create a high risk of spillover through peer interaction and shared classroom activities. Allocating at the class level mitigates this risk while remaining feasible within the school setting.

Third, alternative cluster units were considered but deemed infeasible. In particular, **year-group or school-level randomisation** would require a substantially larger number of schools to achieve adequate statistical power, resulting in an infeasibly large sample size within available delivery capacity and study timelines. Class-level randomisation therefore represents a pragmatic balance between methodological robustness and feasibility without compromising the integrity of the trial design.

Finally, allocating both intervention and control classes within the same school supports recruitment and feasibility, as it ensures that participating schools receive some intervention delivery during the trial period rather than being allocated entirely to a control condition. Recruitment to RCTs in school settings is widely acknowledged to be challenging, as schools

face competing demands on time and resources (e.g. Warner *et al.*, 2021). This within-school design is therefore intended to maximise school engagement and retention while maintaining a rigorous comparison between intervention and business-as-usual provision.

Randomisation software and allocation concealment

Randomisation will be conducted using *Sealed Envelope*, a secure, web-based randomisation platform that generates allocation at the point of randomisation and provides a full audit trail.

Access to the randomisation system will be restricted to authorised members of the Cordis Bright evaluation team. The allocation sequence will be generated and held within the system and will not be accessible to the Ben Kinsella Trust or participating schools.

The Ben Kinsella Trust staff will only receive information on allocation outcomes after randomisation has taken place, and only to the extent necessary to schedule delivery for intervention classes.

Timing of randomisation

Randomisation will take place **after baseline data collection** has been completed for all participating classes and after class lists have been confirmed and locked.

Conducting randomisation after baseline ensures that baseline measures are not influenced by knowledge of allocation and supports the internal validity of the trial.

Randomisation procedure

The randomisation process will proceed as follows:

1. Participating schools meeting the eligibility criteria (including having at least two Year 6 classes) are recruited and onboarded, and eligible Year 6 classes are identified and confirmed.

2. Schools provide parents/carers with an information notice about the evaluation and the opportunity to opt their child out of participation. In addition, schools provide parents/carers with information about attendance at the *Choices and Consequences* exhibition for all participating classes, making clear that only classes allocated to the intervention arm will attend during the trial period.

3. Baseline outcome data are collected from all pupils who have not opted out in participating classes.

4. Cordis Bright confirms that baseline data collection is complete and that class lists are final.

5. Cordis Bright enters the relevant class and school details into Sealed Envelope and triggers randomisation.

6. Classes are randomly allocated within each school, with the permitted allocation determined by the number of participating classes. Schools with an even number of classes will have equal numbers allocated to intervention and control. In schools with an odd number of classes, one arm will necessarily contain one additional class; which arm receives the additional class will itself be randomly determined using randomly varying permuted blocks.

7. The randomisation sequence will be designed to maintain approximate 1:1 allocation within delivery region and across the trial overall, while preserving random allocation and minimising researcher discretion.

8. Sealed Envelope returns the next concealed class-level allocation sequence for the relevant school-size stratum.

9. Cordis Bright communicates allocation outcomes to the school and to BKT for the purposes of scheduling intervention delivery.

At no point will BKT or participating schools have access to the allocation sequence or future assignments.

Blocking

Randomisation will be blocked within schools, ensuring that every participating school contributes at least one intervention and one control class and that allocation is as close to 1:1 as possible within each school. School size (defined by the number of participating Year 6 classes) determines the permitted allocation split[2].

The randomisation sequence will additionally be designed to maintain approximate balance between intervention and control classes within each delivery region and across the trial overall. For schools with an odd number of participating classes, whether the school is intervention-heavy or control-heavy will be randomly determined within the allocation procedure.

[2] The primary analysis will reflect the randomisation design by including school fixed effects, thereby estimating the intervention effect from within-school comparisons. Region and school size are school-level characteristics incorporated into the randomisation procedure; because both are invariant within schools, they are fully accounted for by the more granular school fixed effects and will not be entered separately into the primary model. Please see section 3.5.1 for more detail.

These features of the randomisation procedure will be pre-specified and implemented within the randomisation system, with no researcher discretion over individual allocations.

Sequencing and feasibility considerations

The sequencing of recruitment, consent, randomisation and delivery has been designed to balance methodological robustness with practical feasibility for schools and the delivery partner.

At the point of recruitment, participating schools will be asked to agree a **specific visit date** (or, where necessary, a very narrow delivery window) for the *Choices and Consequences* workshop. This date will be agreed sufficiently in advance to allow schools to organise staffing, transport and parental communication, and to minimise delays between baseline data collection and intervention delivery.

Baseline data collection will take place in advance of this agreed visit date and **before allocation is revealed**. Randomisation will then be conducted at class level, with the agreed visit date retained. Randomisation therefore determines **which class attends on the pre-agreed date**, rather than whether or when a visit takes place for a given school.

Following randomisation, Cordis Bright will communicate class-level allocation outcomes to schools and to the Ben Kinsella Trust solely for the purposes of confirming which class will attend on the agreed date. Control classes will not attend the exhibition during the trial period.

Contamination risk and mitigation

The evaluation team recognises the potential for contamination between intervention and control classes within the same school, particularly through informal communication between pupils or through staff sharing materials. A number of steps will be taken to minimise and manage this risk.

First, randomisation at the **class level** substantially reduces the risk of contamination compared with individual-level allocation, as delivery takes place off-site and involves whole classes travelling together.

Second, **clear and consistent communication** will be provided to schools explaining the purpose of the trial, the rationale for class-level allocation, and why some classes attend during the trial period while others do not. Allocation information will be shared only with the school's nominated contact and staff directly involved with the attending class.

Third, teachers will be asked **not to deliver preparatory, follow-up or substitute sessions** related to the *Choices and Consequences* content to control classes during the trial period.

Ben Kinsella Trust staff will ensure that preparatory and follow-up materials are provided **only to intervention classes**.

Fourth, delivery takes place **off school premises**, which further limits opportunities for control classes to be exposed to intervention content during the school day.

Fifth, follow-up data collection will take place approximately **1–2 weeks after delivery**, limiting the window in which spillover effects could occur.

In addition, the study is restricted to primary schools to minimise the risk of prior exposure to the intervention among participating pupils. While it is possible that some pupils may have older siblings or family members who have previously attended the programme and may share aspects of their experience informally, such exposure is expected to be limited and not systematically related to trial allocation.

Finally, any obvious instances of spillover or teacher-led sharing of content identified by the Ben Kinsella Trust staff will be logged and reviewed by the evaluation team as part of the implementation and process evaluation.

Oversight and internal pilot

The internal pilot phase will test the feasibility of the randomisation and sequencing procedures, including parental permission processes, baseline-to-allocation timelines, scheduling within delivery windows and coordination between Cordis Bright, schools and BKT. Learning from the pilot will be used to refine operational procedures prior to full trial roll-out, without altering the underlying trial design or the specification of primary and secondary outcomes.

The internal pilot will be conducted in approximately eight primary schools during the first delivery tranche. Recruitment beyond this will be contingent on a formal progression review. Baseline (T1) data from pilot schools will be used to examine outcome distributions, clustering (ICC) and variance assumptions, alongside recruitment rates, questionnaire completion and data quality. Short-term follow-up (T3) data from pilot schools will also be used to inform estimates of the pre-test/post-test correlation for the primary outcome measure.

This progression review, undertaken in consultation with YEF colleagues, will determine whether to progress with the planned full trial recruitment target (116 classes, expected to require up to 58 schools) or, if empirical estimates are materially lower than our conservative planning assumptions, to revise the total required sample size downward while maintaining adequate statistical power. There is no current intention to alter the underlying trial design, primary outcome and analytical approach.

Summary

This randomisation approach provides a transparent, robust and feasible method for allocating classes to intervention and control conditions. It balances the requirements of a rigorous efficacy trial with the practical realities of school-based delivery and has been designed to ensure allocation concealment, minimise bias and support effective implementation at scale.

3.3.3 Outcome measurement

Overview and measurement principles

The outcome measurement strategy has been designed to provide a robust test of the *Choices and Consequences* intervention's primary intended effect, while remaining proportionate and feasible for Year 6 pupils, schools and Ben Kinsella Trust. In line with best practice for school-based efficacy trials, the evaluation prioritises validated, age-appropriate measures, limits overall survey burden, and aligns secondary outcomes closely with the intervention's Theory of Change.

Outcome data will be collected primarily through pupil self-report questionnaires administered in schools at baseline (T1; approximately 1-2 weeks prior to intervention delivery), a short-term follow-up (T3; approximately 1-2 weeks post-intervention) and a longer-term follow-up (T4; approximately one school term post-intervention). A brief immediate post-workshop questionnaire (T2) will be administered to pupils in the intervention group only to capture fidelity, receipt and hypothesised mechanisms of change. T2 data are not used for impact estimation but support interpretation of impact findings and triangulation with the implementation and process evaluation. The primary endpoint for the efficacy analysis remains T3 (short-term follow-up). T4 will be treated as a secondary, longer-term exploratory follow-up intended to strengthen interpretation of outcome trajectories over time.

The SDQ, EmQue-CA and SCWBS are established, validated instruments and will be scored in line with published guidance. The WTCAK-11 is an adapted 11-item measure based on items reported by Hobson et al. (2022). In the source study, three items were analysed as a willingness-to-carry scale and a further eight items as a separate knife-related self-esteem/cultural-worldview scale. This trial will retain all 11 items within the primary composite to capture personal willingness to carry a knife alongside related beliefs about protection, self-evaluation and the perceived social acceptability or status associated with knife carrying. As the combined 11-item composite has not been validated with Year 6 pupils, it will be interpreted as a broader measure of knife-carrying willingness and related beliefs, rather than as a pure measure of behavioural intention.

The internal consistency, item performance and score distribution of the WTCAK scale will be examined during the internal pilot review and final analysis. Checks will cover questionnaire and scale completion; item-level missingness; item and total-score distributions, including evidence of floor or ceiling effects; and internal consistency. These checks are intended to inform interpretation of the composite in this population. They will not be treated as fixed numerical pass/fail thresholds, as validated Year 6 benchmarks do not exist, and they will not be used to select or remove individual items post hoc. Any material concerns about the performance or interpretation of the composite will be reviewed with YEF as part of the internal pilot progression review and addressed transparently in the SAP and final reporting.

Figure 3: Summary of outcome measures

Outcome domain	Measure	Timepoint(s)	Role in analysis
Willingness/intentions to carry a knife	WTCAK-11 (pupil self-report) (11 items)	T1, T3, T4	**Primary outcome**
Prosocial orientation	SDQ (full 25 items collected; prosocial subscale analysed)	T1, T3, T4	Secondary
Peer relationships and peer problems	SDQ (full 25 items collected; peer problems subscale analysed)	T1, T3, T4	Secondary
Empathic concern and prosocial motivation	EmQue-CA (full 14 items collected; total score analysed)	T1, T3, T4	Secondary
Mental wellbeing	SCWBS (pupil self-report) (15 items)	T1, T3, T4	Secondary

Note: Baseline (T1) and follow-up (T3/T4) questionnaires will be identical for impact estimation. T2 is administered to intervention pupils only and is used to capture fidelity, mechanisms and immediate monitoring items; it is not used for impact estimation.

The primary and secondary outcome measures were selected to align directly with the evaluative Theory of Change and causal pathway. The WTCAK-11 captures behaviour-

proximal willingness to carry a knife. The SDQ prosocial and peer subscales reflect hypothesised changes in peer functioning and prosocial orientation. The EmQue-CA captures empathic concern and prosocial motivation. SCWBS is included primarily to monitor broader emotional wellbeing effects and potential unintended or adverse consequences. Together, these measures provide coverage of the key proximal constructs specified in Section 2.2 , while remaining proportionate for a Year 6 cohort.

Consistent with the Youth Endowment Fund's preference for behavioural outcomes where these are feasible and appropriate, the evaluation team explored the inclusion of direct behavioural measures of knife carrying. However, for children in Year 6, knife carrying behaviour is extremely rare, and direct self-report of such behaviour would be expected to exhibit substantial floor effects, limiting both statistical power and interpretability.

Instead, the study prioritises a behaviour-proximal measure of willingness or intention to carry a knife, which reflects early risk orientation and perceived readiness to engage in the behaviour under conditions of threat or peer influence. This approach aligns with the developmental focus of early prevention, where the aim is to shape how children think and feel about risk, harm and peer influence before behavioural involvement becomes salient.

Primary outcome measure

The **primary outcome** for the trial is pupils' willingness or intentions to carry a knife. This will be measured using an **11-item version of the Willingness to Carry a Knife (WTCAK) scale** (Hobson, Yesberg and Bradford, 2022), administered via pupil self-report at baseline (T1) and follow-up (T3/T4). The WTCAK scale has been selected because it is knife-specific, UK-relevant, and closely aligned with the intervention's hypothesised mechanisms, including perceived norms, beliefs about safety, and intentions related to weapon carrying.

Willingness or intention to carry a knife is conceptualised in this study as a behaviour-proximal outcome rather than a distal behavioural or purely attitudinal measure. It captures children's perceived readiness to engage in knife carrying under hypothetical conditions of threat, peer pressure or perceived need for protection, which are theorised to precede behavioural involvement as exposure to risk increases during adolescence.

In late primary populations, such measures are considered more sensitive to early preventive change than direct behavioural indicators, while remaining closely aligned with the intervention's Theory of Change and the Youth Endowment Fund's outcome framework for violence and victimisation prevention.

The choice of a willingness-based primary outcome also reflects methodological considerations related to outcome prevalence. Direct behavioural measures of knife carrying among Year 6 pupils would be expected to show extreme floor effects, substantially limiting the ability to detect change and increasing the likelihood of inconclusive findings. In contrast,

willingness and intention measures capture meaningful variation in early risk orientation even when behavioural prevalence is low, making them more suitable for an efficacy trial at this developmental stage.

Longer versions of the WTCAK scale have demonstrated acceptable internal consistency in previous research with young people, and the 11-item version provides greater coverage and sensitivity to change than short forms, while remaining feasible for use with Year 6 pupils.

Secondary outcome measures

Secondary outcomes have been selected as measurable indicators of the theoretical outcomes specified in the evaluative causal pathway. These outcomes function as observable proxies for hypothesised outcomes and are included to support interpretation of the primary analysis.

Secondary outcomes (e.g. empathic concern, prosocial orientation, peer-related functioning) are operationalised in this study through validated self-report outcome measures collected at baseline and follow-up. This is intended to support interpretation of changes in knife-carrying intentions rather than to function as distal behavioural endpoints in their own right.

Prosocial orientation, peer relationships and peer problems

The evaluation will administer the **full 25-item Strengths and Difficulties Questionnaire (SDQ)** (Goodman, 1997; 2001), which forms part of the Youth Endowment Fund's core outcome framework and has been widely used with children of comparable age in school-based research.

For the purposes of this evaluation, analysis will focus on two **pre-specified SDQ subscales**:

- **Prosocial behaviour**, capturing kindness, helping behaviours and consideration for others.
- **Peer problems**, capturing difficulties in peer relationships, isolation and conflict.

These subscales align closely with the *Choices and Consequences* Theory of Change, particularly in relation to peer influence, social connectedness and the reinforcement of prosocial norms. While large changes are not expected following a single workshop, inclusion of these measures provides important contextual evidence to support interpretation of observed changes in attitudes and intentions related to knife carrying.

Empathic concern and prosocial motivation

While empathy is conceptualised as part of the broader mechanism through which *Choices and Consequences* may influence willingness to carry a knife, within the trial it is operationalised and analysed as a secondary outcome. In this evaluation, empathic concern

and prosocial motivation will be assessed using the **Empathy Questionnaire for Children and Adolescents (EmQue-CA)** (Overgaauw et al., 2017), a validated self-report measure suitable for children aged 10 and above.

The EmQue-CA comprises 14 items across three subscales: affective empathy (6 items), cognitive empathy (3 items) and intention to comfort (5 items). All items will be administered at T1, T3 and T4. The pre-specified secondary empathy outcome will be the total score, providing a robust and validated assessment of empathy for this age group.

Changes in empathy will be interpreted as supporting evidence for hypothesised mechanisms of change within the intervention's Theory of Change, rather than as standalone indicators of impact.

Mental wellbeing

Mental wellbeing is included as a secondary outcome to monitor broader emotional impacts and identify any unintended consequences arising from participation in the intervention. Mental wellbeing will be assessed using the **Stirling Children's Wellbeing Scale (SCWBS)** (Liddle and Carter, 2015), a validated, positively worded self-report measure of emotional and psychological wellbeing developed for children and young people aged 8 to 15.

The SCWBS will be administered at T1, T3 and T4. The pre-specified secondary wellbeing outcome will be the SCWBS total score, analysed as a secondary outcome to explore whether allocation to the intervention is associated with broader changes in wellbeing.

Although SCWBS is a measure of positive wellbeing, changes over time (in either direction) will be considered when interpreting findings alongside safeguarding logs and process data.

Measuring a mechanism of change: Knowledge and understanding

An increased understanding of a range of consequences associated with knife crime is a hypothesised mechanism of change within the intervention's causal pathway. However, to our knowledge, there is no widely used, validated knowledge scale for this age group and context that would be proportionate for inclusion at both baseline and follow-up in an efficacy trial of this nature.

Accordingly, knowledge and understanding will be treated primarily as a hypothesised mechanism of change and explored through immediate post-workshop measures of perceived learning and understanding administered to intervention pupils only. T2 items will assess pupils' perceived learning and understanding of key messages delivered during the workshop. Knowledge and understanding is conceptualised as an immediate mechanism of change rather than a trial outcome. It is therefore captured at T2 for intervention pupils only.

Evidence on knowledge and understanding will be used to inform interpretation of findings relating to the secondary outcomes and the primary impact estimate, rather than being analysed as a standalone outcome.

Timing and mode of data collection

Outcome and mechanism data will be collected at four key timepoints:

- **T1 (Baseline):** pupil questionnaire administered in schools approximately 1–2 weeks prior to intervention delivery, capturing the primary outcome and selected secondary outcomes.
- **T2 (Immediate post-workshop):** brief questionnaire administered to intervention pupils only, immediately following the workshop, capturing fidelity, receipt, experience, mechanisms and perceived learning.
- **T3 (Follow-up):** pupil questionnaire administered in schools approximately 1–2 weeks post-intervention, capturing the primary outcome and selected secondary outcomes.
- **T4 (Longer-term follow-up):** pupil questionnaire administered approximately one school term (3–4 months) post-intervention, capturing the primary and secondary outcomes.

Baseline (T1) and follow-up data (T3 and T4) collection will be overseen by Cordis Bright. Where possible, a Ben Kinsella Trust colleague will also be available in school during baseline and follow-up data collection visits, to support coordination with school staff, provide a familiar point of contact, and ensure a joined-up approach between the Ben Kinsella Trust and Cordis Bright. The immediate post-workshop questionnaire (T2) will be administered by Ben Kinsella Trust staff at the delivery venue.

Baseline (T1) data collection will take place prior to randomisation, meaning Cordis Bright researchers administering T1 will be blind to trial allocation by design. At follow-up (T3/T4), full blinding of data collectors is not feasible in practice, as pupils and staff may disclose whether a class has attended the workshop. To minimise risk of bias, follow-up questionnaires will be completed by pupils via standardised self-report under consistent conditions, using scripted instructions and with researchers trained to avoid discussing intervention content. Data collection procedures will be standardised across trial arms, and the Statistical Analysis Plan will be finalised in advance of analysis.

Survey length, comprehension and administration procedures will be tested during operational testing and the internal pilot phase. In addition, the BKT Youth Advisory Board will be invited to support how questionnaires are described in introductions, how young people may be supported as they are completing questionnaires, and whether there are any

items in the measures which may prove challenging for young people to interpret to support solutions to this. Findings from these stages will inform any refinements to administration procedures prior to full roll-out, without altering the specified primary or secondary outcome measures.

Internal reliability and data quality

All outcome measures used in the trial are standardised instruments with established psychometric properties in comparable populations (please see above for more discussion regarding the internal reliability of the WTCAK scale). Data quality will be monitored through checks on item completeness, response patterns and linkage across timepoints. Any limitations related to data quality will be considered in interpretation of findings.

3.3.4 Sample size calculation

This section sets out the a priori power calculations for the efficacy study, undertaken to determine the minimum sample size required to detect a meaningful difference between the intervention and control groups on the primary outcome. The trial is powered based on the primary endpoint at T3. Analyses conducted at T4 will be exploratory and interpreted with appropriate caution, given the potential for additional attrition over time.

Approach and assumptions

Power calculations were undertaken using **PowerUp! (**Dong and Maynard, 2013), a widely used tool for power analysis in cluster-randomised trials. The study is designed as a **two-arm, parallel cluster randomised controlled trial**, with randomisation at the **class level** and a **1:1 allocation** to intervention or business-as-usual within participating schools.

Power calculations were conducted to estimate the sample size required to detect a **minimum detectable effect size (MDES) of 0.19** on the primary outcome, willingness or intentions to carry a knife (WTCAK-11). This represents the minimum effect size that the study is designed to detect under the planned recruitment target and conservative clustering assumptions.

In addition, power calculations assume the following parameters:

- **Power:** 0.80
- **Significance level (alpha):** 0.05 (two-sided)
- **Pre-test/post-test correlation:** 0.50
- **Average Year 6 class size:** 25 pupils

Clustering assumptions and sensitivity scenarios

The required sample size is sensitive to the degree of outcome clustering within classes and schools. While ICCs in UK school-based trials are typically low (median = 0.028; Parker et al., 2021), there is limited published evidence on ICC values specifically for knife-carrying intentions measures in Year 6 populations.

Direct knife carrying behaviour is expected to be uncommon in a universal Year 6 population and is difficult to measure reliably. Population-level data specific to Year 6 remains limited. The evaluation therefore focuses on proximal attitudes and beliefs aligned with the intervention's Theory of Change, while explicitly recognising the uncertainty around the performance of the WTCAK scale in this age group and assessing this during the internal pilot.

Given this uncertainty, and the possibility that willingness or intentions to carry a knife may show stronger clustering due to shared peer norms and classroom cultures, we present three scenarios below, which set out the sample size requirements under a range of plausible ICC values (**0.04, 0.07, and 0.10**).

Required sample size

The planned sample size reflects both statistical considerations and the practical delivery capacity available under the efficacy conditions specified in this protocol. The trial is designed to include the maximum number of schools/classes that the Ben Kinsella Trust can deliver to while maintaining high-fidelity implementation, consistent sequencing and appropriate safeguarding procedures required under the efficacy conditions specified in this protocol.

Under these conditions, the planned sample provides 80% power to detect an effect of approximately 0.19 standard deviations on the primary outcome. We recognise that, given the expected low prevalence of knife-carrying attitudes and likely floor effects in a Year 6 population, smaller effects may still be meaningful in policy and prevention terms. For example, an effect closer to 0.10 standard deviations may represent a relevant shift in early risk orientation, but the study is unlikely to be sufficiently powered to detect effects of this size reliably.

Findings will therefore be interpreted in light of the achieved MDES, outcome distributions and confidence intervals, rather than through statistical significance alone. The internal pilot will provide an opportunity to review empirical assumptions, including clustering, attrition and baseline/follow-up correlations, and to assess whether the planned recruitment target remains appropriate.

Figure 4 summarises power calculations for each ICC scenario. Please note that the MDES and sample size calculations presented below are based on the number of randomised clusters and pupils. Under this specification, the implied MDES ranges from 0.184 to 0.187 across ICC scenarios.

In reality, we anticipate approximately 10% pupil-level attrition between baseline (T1) and follow-up (T3). Therefore, the MDES for the final analytical sample is likely to be slightly higher. However, allowing for anticipated pupil-level attrition to an average analytical cluster size of 22 pupils, the achieved MDES at follow-up does not exceed 0.19 under any of the presented ICC scenarios.

Under the most conservative assumption (ICC = 0.10), Figure 4 shows that the trial would require **116 classes**, equivalent to approximately **58 schools** contributing two Year 6 classes each. In line with a conservative approach, this scenario is therefore used to inform the planned recruitment target for the efficacy study.

Figure 4: Sample size calculations at randomisation, varying ICC estimates.

		Scenario 1 ICC = 0.04	Scenario 2 ICC = 0.07	Scenario 3 ICC = 0.10
Minimum Detectable Effect Size (MDES)		0.184	0.185	0.187
Pre-test/ post-test correlations	**Level 1 (participant)**	0.5	0.5	0.5
	Level 2 (cluster)	N/A	N/A	N/A
Intracluster correlations (ICCs)	**Level 1 (participant)**	N/A	N/A	N/A
	Level 2 (cluster)	0.04	0.07	0.10
Alpha		0.05	0.05	0.05
Power		0.8	0.8	0.8
One-sided or two-sided?		Two sided	Two sided	Two sided
Average cluster size		25	25	25
	Intervention	33	46	58

		Scenario 1 ICC = 0.04	Scenario 2 ICC = 0.07	Scenario 3 ICC = 0.10
Number of classes (clusters) randomised	**Control**	33	46	58
	Total clusters	**66**	**92**[3]	**116**
Approximate number of pupils randomised	**Intervention**	825	1,150	1,450
	Control	825	1,150	1,450
	Total participants	**1,650**	**2,300**	**2,900**

The study may therefore be underpowered to detect smaller but potentially meaningful effects, particularly if baseline WTCAK-11 scores show substantial floor effects. This limitation will be acknowledged when interpreting the primary impact estimate and associated confidence intervals.

As part of the internal pilot phase, the evaluation team will examine baseline and T3 data from eight schools to derive estimates of ICCs, outcome variance, pre-test post-test correlations, and attrition rates on the primary measure. This analysis will inform a planned review of the above power calculation assumptions. If it is suggested that the above assumptions are conservative and a smaller sample size would maintain adequate statistical power, the planned sample size for the efficacy study may be adjusted downwards at this stage. Any adjustment to the final recruitment target will be made conservatively and will ensure that the planned design continues to achieve an MDES of ≤ 0.19 under plausible parameter values.

3.3.5 Recruitment rates

Recruitment activity for the efficacy study will begin during the 2025/26 academic year. This will involve proactive engagement with schools, including relationship-building, sharing information about the study, and identifying potential delivery windows. This early recruitment activity is intended to support feasibility and avoid placing excessive pressure on any single delivery period.

Formal enrolment of schools into the trial, including baseline data collection and randomisation, will take place in the academic term in which delivery of the *Choices and*

[3] Please note that this has been rounded up from 91 to ensure balance across arms, in line with a conservative approach.

Consequences intervention is scheduled to occur. Schools will therefore be formally recruited and receive delivery within the same academic term.

A small number of operational testing deliveries (1–2 schools) will take place during Summer Term 2025/26. These operational testing schools will be used to test and refine recruitment processes, consent procedures, delivery logistics, and data collection systems, and will not contribute to the main trial sample. These operational testing activities are distinct from the internal pilot described elsewhere in this protocol and are intended solely to test operational feasibility.

The main efficacy trial with internal pilot will commence in Autumn Term 2026/27. Recruitment and delivery during the trial period are not expected to be evenly distributed over time. Instead, recruitment is anticipated to build momentum as early engagement with schools translates into confirmed participation, awareness of the intervention increases, and delivery processes are refined. This phased recruitment profile reflects planned sequencing rather than uncertainty in school engagement. As such, lower volumes of recruitment and delivery are planned in the early stages of the trial, with higher volumes in later terms.

Delivery will take place in Autumn and Spring terms only. No delivery is planned during summer terms, reflecting known constraints on school capacity and attendance towards the end of the academic year. Summer terms are reserved for follow-up data collection through a longer-term follow up questionnaire (T4).

The staged recruitment approach reflects both operational feasibility and the internal pilot structure. The first delivery tranche (Autumn Term 2026/27) will function as the internal pilot (approximately eight schools). Baseline data from this tranche will be analysed in early Spring Term 2026/27 to assess recruitment rates, questionnaire completion, outcome distributions and clustering parameters. A formal progression review will then determine whether recruitment proceeds at the planned scale, or whether sample size assumptions are revised. Subsequent recruitment tranches (Spring 2026/27 and 2027/28 terms) are therefore contingent on confirmation of progression and power assumptions.

Figure 5 summarises the anticipated profile of formal recruitment and delivery across the study period.

Figure 5: School recruitment and delivery timeline

School year	Term	Recruitment and delivery activity	Indicative number of schools (58 in total)
2025/26	**Spring - Summer**	Proactive recruitment activity (school engagement, expressions of interest, scheduling)	–
	Summer	Operational testing of recruitment and delivery (testing recruitment, consent, data collection and delivery processes)	**1–2 schools**
2026/27	**Autumn**	Formal recruitment and delivery: Internal pilot phase	**~8 schools**
	Spring	Formal recruitment and delivery: efficacy phase	**~14 schools**
	Summer	Follow-up (T4) data collection only	–
2027/28	**Autumn**	Formal recruitment and delivery: efficacy phase	**~18 schools**
	Spring	Formal recruitment and delivery: efficacy phase	**~18 schools**
	Summer	Follow-up (T4) data collection only	

3.3.6 Stopping rules

Monitoring, course-correction and escalation will be primarily governed through the internal pilot phase. Stopping rules are therefore framed as safeguards for trial integrity and participant safety, rather than as standalone decision thresholds.

What will be monitored

A small number of core indicators will be monitored, reflecting the key risks to feasibility and validity given the class-level randomised design:

- Progress with school recruitment, pupil recruitment and delivery against the planned term-by-term schedule;
- Completion rates for pupil questionnaires at baseline (T1) and follow-up (T3);
- Baseline outcome distributions and clustering estimates (ICC), to assess the plausibility of power assumptions;
- The quality and completeness of questionnaire data, including the ability to link baseline and follow-up responses; and
- Delivery of the intervention as planned, including whether workshops are delivered to the correct classes following randomisation with fidelity and in accordance with agreed sequencing and safeguarding requirements; and
- Monitoring of business-as-usual provision across schools to identify any exposure to similar knife crime education content during the trial period.
- Safeguarding and wellbeing concerns and adverse experiences associated with intervention delivery, including any concerns associated with the Prisoner's Story, drawing on records of safeguarding/support provided and internal-pilot IPE evidence.

The internal pilot progression review will consider indicative feasibility benchmarks, including:

- Recruitment of the planned number of pilot schools (approximately eight schools contributing at least two eligible Year 6 classes each);
- Baseline (T1) questionnaire completion rates (e.g. ≥80% of eligible pupils per class);
- Successful linkage of baseline and follow-up responses for the majority of pupils; and
- Delivery of workshops to allocated classes in accordance with randomisation.

Participant safety and acceptability within the internal pilot

Participant safety concerns will be managed at both individual and trial level. If a pupil becomes distressed, asks for help, or makes a disclosure during intervention delivery, questionnaire administration or an interview, activity will be paused or stopped for that pupil as appropriate. The concern will be recorded and escalated promptly to the school's

Designated Safeguarding Lead in line with the school's, Cordis Bright's and the Ben Kinsella Trust's safeguarding procedures.

Pupil questionnaires are confidential research measures and are not intended to function as clinical or safeguarding screening tools. Individual responses will not be monitored for safeguarding purposes or used to trigger safeguarding referrals. Safeguarding action during questionnaire administration will arise where a pupil asks for help, makes a direct disclosure, or otherwise gives rise to a concern through their interaction or behaviour. Such concerns will be managed through the study safeguarding procedure.

If, during subsequent data checking, a response or pattern of responses is identified that reasonably indicates a possible immediate and serious risk of harm, this will be reviewed by Cordis Bright's safeguarding lead. Where the concern is judged to require action and the pupil can be identified through the study linkage system, the minimum necessary information will be shared with the school's Designated Safeguarding Lead on a need-to-know basis.

Patterns of distress, safeguarding concerns or adverse responses will also be monitored across schools and delivery sessions. Repeated or serious concerns associated with the intervention or research procedures will trigger review and mitigation, which may include changes to delivery or data collection, pausing activity in an individual school, or pausing the wider trial pending discussion with the Youth Endowment Fund and the Research Ethics Committee.

The formal internal-pilot progression review will include a structured assessment of participant safety and acceptability. Evidence will be triangulated across safeguarding and wellbeing concerns identified during or following workshop delivery, including the nature of the concern, response provided and any required follow-up; and pupil, school-staff and BKT qualitative accounts, including experiences of the Prisoner's Story and any aspects of delivery experienced as worrying, unsettling or otherwise adverse.

No single source will operate as an automatic stopping rule and no numerical participant-safety pass/fail thresholds are pre-specified. Interpretation will consider the nature and seriousness of concerns, recurrence across pupils, sessions or schools, contextual patterns, plausible relationship to intervention delivery, and whether concerns were adequately mitigated through the existing safeguarding and wellbeing arrangements.

Mitigation and course-correction

Where monitoring indicates emerging risks that are localised, short-term or operational in nature, proportionate mitigation will be implemented. Examples include:

- Additional school engagement or revised scheduling where recruitment or delivery is delayed;

- Refresher communication with schools regarding consent, allocation and trial procedures;
- Additional in-school or mop-up data collection sessions to improve completion rates; and
- Strengthened communication or support to reduce the risk of inadvertent contamination between classes.

Such issues would normally trigger course-correction, rather than pausing or stopping the trial, and will be documented to support transparency and learning.

Escalation to pause or stop

Escalation to pausing or stopping the trial would be considered only where issues are systemic, persistent despite mitigation, or threaten trial integrity or participant safety. This may include:

- **Safeguarding concerns** arising from trial procedures or delivery that cannot be adequately mitigated through immediate changes;
- **Compromised allocation concealment**, such as allocation being disclosed prior to baseline data collection in a way that could bias outcomes;
- **Substantial and unresolvable contamination**, such that the intervention and control conditions are no longer meaningfully distinct across multiple schools; or
- **Sustained feasibility failure**, where recruitment, data completion or sequencing issues persist across terms despite mitigation and mean the study objectives can no longer reasonably be achieved.

While formal stopping thresholds are not pre-specified, monitoring will be interpreted in relation to the assumptions underpinning the power calculations. For example, sustained pupil-level attrition substantially above the assumed 10%, or empirical ICC estimates materially exceeding conservative planning assumptions, would trigger recalculation of statistical power and formal discussion with YEF regarding recruitment scale and trial viability.

Timing of review and natural stopping points

In addition to routine monitoring and termly check-ins, the study includes a formal internal pilot progression review which will take place in early Spring Term 2027, following completion of pilot delivery. This allows sufficient time for data cleaning, linkage and preliminary estimation of clustering and outcome variability prior to confirming the scale and pacing of subsequent recruitment tranches.

This progression review will consider both operational feasibility and statistical assumptions. Specifically, it will assess:

- Recruitment of the planned pilot schools and classes;
- Baseline questionnaire completion rates and data linkage;
- Integrity of baseline-to-randomisation sequencing and allocation concealment;
- Delivery fidelity and adherence to the randomised allocation;
- Performance and interpretability of the WTCAK scale, based on the checks described in Section 3.3.3;
- Participant safety and acceptability, based on the triangulated evidence described above; and
- Empirical estimates of clustering, attrition/achieved analytical class size and baseline–follow-up correlation.

The review will determine whether the trial should proceed at the conservative planned recruitment target (116 classes, expected to require up to approximately 58 schools) or whether revised power calculations support a reduction in the total number of schools while maintaining adequate power. If empirical ICC and variance estimates from the pilot are materially lower than the conservative planning assumptions (ICC = 0.10), the required sample size may be recalculated and subsequent recruitment targets revised accordingly in agreement with YEF.

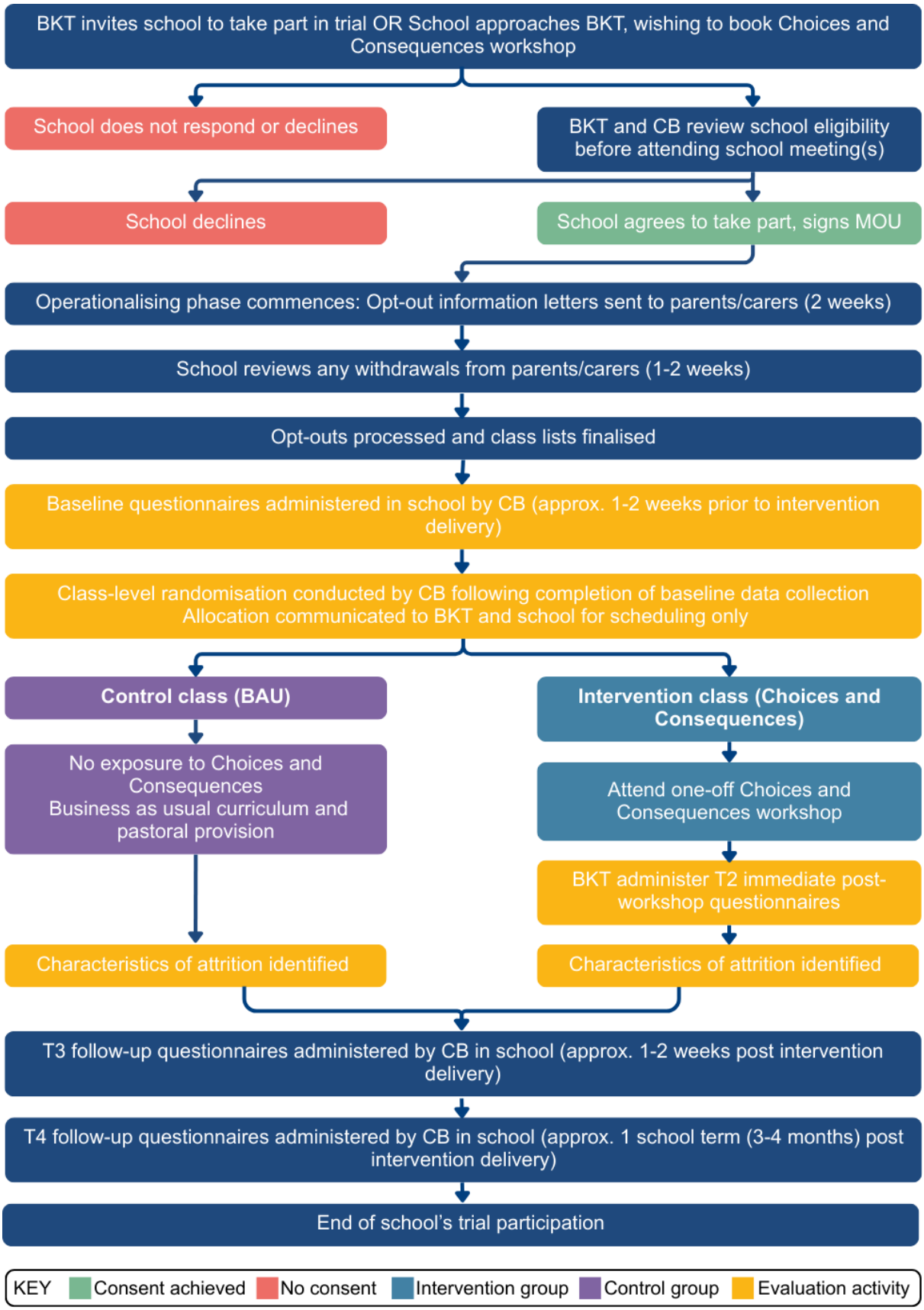
Cordis Bright will synthesise the pilot evidence and recommendations for the progression review. Decisions about progression or material changes to the trial will be agreed with YEF and BKT. Any change with implications for participant safety, approved procedures or participant-facing materials will additionally be considered through the appropriate research ethics process.

Learning from the internal pilot phase will be used to refine monitoring and mitigation processes prior to full trial roll-out and to confirm that stopping rules remain appropriate once the full efficacy trial is underway.

3.4 Participant journey

This section describes the journey of schools, classes and pupils through the trial, from school recruitment and consent through to intervention delivery and follow-up data collection. The evaluation uses a class-level randomised controlled trial design, with outcome data collected at four key timepoints (T1–T4). A visual overview of the participant journey is provided in Figure 6.

Figure 6: Trial pathway



3.4.1 School eligibility criteria (trial recruitment)

Schools will be eligible to participate in the efficacy study if they meet the following criteria:

- Mainstream primary schools*;
- Able to contribute at least two eligible Year 6 classes, to enable class-level randomisation within school. This will typically include two-form entry schools, though schools with alternative class structures may be considered where they can support trial procedures;
- Located within, or in close proximity to, a *Choices and Consequences* delivery region (Islington, Barking and Dagenham, or Nottingham);
- Willing to support class-level randomisation, with approximately half of participating classes allocated to receive the intervention and half allocated to a control condition;
- Able to support baseline and follow-up data collection within the agreed study timeline;
- Able to schedule exhibition visits for intervention classes within the agreed delivery windows;
- Have robust Child Protection and Safeguarding procedures, pastoral care in place, provide a key Designated Safeguarding Lead/contact, and commit to providing the required pre- and post-workshop wraparound support to young people.

*The study will include primary schools only. Secondary schools will be excluded from the trial, as there is a reasonable likelihood that pupils in secondary settings within the target areas may have previously received the *Choices and Consequences* intervention, which would introduce contamination and undermine internal validity.

Schools in Ofsted categories of concern are not automatically excluded from participation. However, eligibility is contingent on schools having sufficient capacity to support trial requirements, including safeguarding, consent processes and data collection.

While *Choices and Consequences* is a universal intervention at pupil level, recruitment prioritises schools serving communities experiencing higher levels of socio-economic disadvantage or identified exposure to serious youth violence (e.g. with schools where a higher proportion of pupils are eligible for Free School Meals or where local partners have identified a need for early preventative education). Schools are not selected on the basis of racial composition, and delivery remains universal to whole classes within participating schools. This approach combines universal, whole-class delivery with proportionate outreach

to schools serving communities where indicators of disadvantage or exposure to serious youth violence are higher, while avoiding the targeting or labelling of individual pupils.

School safeguarding procedures, policies and resources will be examined as part of the school recruitment process to ensure that schools have the capacity, knowledge and appropriate measures to support pupils, before during and after visits in relation to the sensitive content discussed in *Choices and Consequences* and any disclosures that may arise.

3.4.2 Pupil eligibility criteria (within participating schools)

Within participating schools, *Choices and Consequences* is designed to be delivered universally at class level, rather than being targeted at individual pupils based on assessed risk.

For the purposes of the efficacy study, participating Year 6 classes will be randomly allocated to either receive the intervention during the trial period or to act as control classes receiving business-as-usual provision. The *Choices and Consequences* intervention must not have been delivered previously to the participating cohort, including delivery in earlier year groups (e.g. Year 5), to avoid contamination of trial outcomes.

It is possible that some pupils may have indirect prior exposure to workshop content through older siblings or peers who have previously attended the exhibition. Such exposure cannot feasibly be controlled within a universal school-based design and will not affect pupil eligibility. Given class-level randomisation within schools, any indirect exposure is unlikely to be systematically associated with allocation and is therefore not expected to introduce material bias to impact estimates. This limitation will be acknowledged in interpretation of findings.

Pupils will be eligible to participate if they are enrolled in a participating Year 6 class at T1. The trial cohort within each participating class will be fixed when the pupil/class list is locked following T1 and before class randomisation. Pupils joining the class after this point will not enter the randomised evaluation cohort. Pupils included in the cohort at randomisation remain members of the ITT population according to their class allocation regardless of subsequent intervention attendance or movement out of the school. Unavailable outcome data will be handled through the study's missing-data approach rather than through post-randomisation exclusion.

Pupils with Special Educational Needs and Disabilities (SEND), Education Health Care Plans (EHCPs) or additional support needs are included where participation is considered appropriate and safe, with reasonable adjustments made as required.

Pupils are not excluded on the basis of prior experiences of violence or safeguarding concerns. However, schools are asked to share relevant information in advance (e.g. known trauma

exposure, recent bereavement, or identified emotional vulnerabilities) where this is necessary to ensure safe participation. This information is not used to differentiate access to the intervention or to single out individual pupils during delivery. Facilitators are trained in Equality, Diversity and Inclusion and trauma-informed practice, including awareness of bias, and adapt delivery at whole-group level wherever possible to maintain universal and non-stigmatising engagement so that facilitators can adapt delivery and ensure appropriate emotional and safeguarding support.

3.4.3 School recruitment and onboarding

Schools will be recruited through the Ben Kinsella Trust's (BKT) existing delivery networks and targeted recruitment activity to support the evaluation. Recruitment will focus on mainstream primary schools delivering Year 6 education that meet the trial's eligibility criteria and are willing to participate in a class-level randomised controlled trial.

The recruitment process will follow a staged approach to ensure schools fully understand the intervention, the evaluation requirements and the implications of randomisation before agreeing to participate.

Initial contact will be made by BKT with prospective schools to introduce the *Choices and Consequences* intervention and outline the proposed evaluation. This initial discussion will include a high-level explanation of the randomised controlled trial design and a brief eligibility check.

Schools expressing interest will be invited to a recruitment meeting involving representatives from BKT, Cordis Bright and the school. This meeting will:

- Explore practical considerations such as timetabling, transport and staffing;
- Explain class-level randomisation and what participation means for both intervention and control classes;
- Outline data collection requirements and timings;
- Discuss safeguarding arrangements and information-sharing; and
- Explain the opt-out parental consent process.

Following this meeting, schools that wish to proceed will formally confirm their participation. This will include signing a memorandum of agreement and identifying a senior leader and administrative contact responsible for coordinating delivery and data collection, as well as committing to providing safeguarding support where necessary.

An operational set-up phase will then take place, during which parental communications and information materials will be prepared and shared, delivery windows will be discussed in

principle, and the parental opt-out consent period will begin. Baseline data collection will only take place once schools have confirmed their agreement to participate under the terms of the evaluation.

Cordis Bright and the Ben Kinsella Trust will work with participating schools to agree practical arrangements for intervention delivery and questionnaire administration in a way that minimises disruption to teaching and learning. This includes agreeing suitable dates within the trial timetable, rooming arrangements, and reasonable adjustments where required. To maintain the integrity of the trial, however, schools will not be able to alter core aspects of the study design, including random allocation, intervention content, outcome measures or the timing of follow-up data collection beyond the pre-specified data collection windows.

3.4.4 Participant recruitment

All pupils in participating classes will be eligible to take part in the trial. Participation is universal at class level to avoid stigma and to support shared learning experiences.

Participant recruitment will take place via participating schools following confirmation of school-level participation. Schools will be responsible for distributing evaluation information materials to parents and carers, with support from BKT and CB as required.

Pupils whose parents or carers opt out of participation will not take part in evaluation data collection and will not receive the intervention.

3.4.5 Parent/carer opt-out consent

An opt-out parental consent model will be used, in line with YEF guidance for school-based evaluations.

An opt-out parental consent procedure has been adopted because the study involves minimal risk, the intervention is delivered universally at class level, and requiring active parental consent would be likely to introduce substantial participation bias and reduce the representativeness of participating pupils. Parents/carers will receive comprehensive information about the study in advance and will be able to withdraw their child easily prior to questionnaire administration.

All pupils will additionally provide informed assent immediately before completing the questionnaires and may decline to participate or withdraw at any point.

Opt-out consent is widely considered appropriate and ethically acceptable in school-based cluster-randomised trials of universal interventions, as it maximises participation and reduces selection bias while still respecting parental autonomy (see, for example, Bonell et al, 2023).

Parents and carers will be provided with clear, accessible information explaining:

- The Choices and Consequences workshop;
- The purpose and design of the evaluation, including randomisation;
- What data will be collected and how it will be used, stored and archived; and
- How to opt their child out of participation within a specified timeframe.

All written materials will be developed in plain English and designed to meet recommended readability standards. Where required, schools will be supported to provide alternative formats (e.g. large print, translated versions, or verbal explanation) to ensure accessibility for parents and carers with literacy needs or additional support requirements.

On the day of data collection, pupils will be provided with age-appropriate information about the study and asked to provide assent. Pupils will be informed that participation is voluntary and that they may decline to answer any questions or withdraw from data collection at any point without penalty.

Researchers will provide a brief verbal explanation of the study alongside written materials and will check understanding before proceeding. Reasonable adjustments will be made for pupils with SEND or additional communication needs, in liaison with school staff, to ensure information is accessible and participation remains voluntary.

3.4.6 Data collection

Outcome and mechanism data will be collected at four key timepoints.

T1 (Baseline):

Baseline data will be collected from all participating pupils approximately 1–2 weeks prior to intervention delivery. Cordis Bright researchers will administer pupil questionnaires in schools under standardised conditions. Baseline questionnaires will capture the primary outcome and selected secondary outcomes. All classes will complete baseline data collection before intervention delivery, ensuring comparability between intervention and control groups.

T2 (Immediate post-workshop):

Immediately following the workshop, pupils in intervention classes will complete a brief post-workshop questionnaire capturing fidelity, receipt, experience, knowledge and understanding (mechanism of change) and perceived learning. This questionnaire will be administered by BKT staff on the same day as the workshop.

T3 (Follow-up):

Follow-up data will be collected from both intervention and control pupils approximately 1–2 weeks after intervention delivery. As at baseline, Cordis Bright researchers will administer questionnaires in schools under standardised conditions. Follow-up questionnaires will capture the primary outcome and selected secondary outcomes.

Longer-term follow-up (T4)

In addition to the short-term follow-up (T3), the evaluation will include a longer-term follow-up survey wave (T4), administered approximately one school term (3–4 months) post-intervention.

Rationale for T4

The primary endpoint for the efficacy analysis is T3. However, a longer-term follow-up is important for understanding whether any observed changes in pupils' willingness or intentions to carry a knife are sustained beyond the immediate post-intervention period. In universal late-primary prevention interventions, effects may attenuate over time, consolidate gradually, or emerge after an initial delay ("sleeper effects"). Including T4 therefore strengthens interpretation of outcome trajectories and provides more policy-relevant evidence on durability.

T4 will be treated as a secondary, exploratory follow-up and does not alter the trial's primary hypothesis or power calculations.

Accessibility and reasonable adjustments

To support accessibility, researchers may read the questionnaire instructions and, where appropriate, questionnaire items aloud to the class. Pupils will complete their responses independently on their own devices, and researchers will not provide guidance on how individual questions should be answered.

Prior to data collection, Cordis Bright will work with participating schools to identify any pupils who require reasonable adjustments to participate. Where appropriate, pupils will be able to access the same support they would ordinarily receive in school, such as additional time or other reasonable adjustments, provided these do not compromise the validity or confidentiality of responses.

Measures and burden

The T4 questionnaire will use the same primary and secondary outcome measures administered at baseline (T1) and short-term follow-up (T3), with no additional constructs

introduced. This approach minimises burden for pupils and schools while allowing consistent measurement over time.

Retention and feasibility

The evaluation team recognises the potential for additional attrition at a later follow-up wave. Several measures will be implemented to support retention and data completeness at T4, including:

- Scheduling T4 data collection within the same academic year to avoid transition to secondary school;
- Close coordination with participating schools to agree feasible survey windows;
- Clear communication with school staff and pupils regarding the importance of the longer-term follow-up; and
- The provision of prize draw incentives to recognise the additional time required for participation in the T4 wave.

Incentives

To encourage completion of the T4 questionnaires, we propose offering incentives, in the form of a pupil-level prize draw. Across the full trial, 20 pupils will each receive a £25 high-street voucher (e.g. Love2Shop). Pupils in both intervention and control groups will be eligible to enter.

Attrition and differential completion rates by trial arm will be monitored, and analyses at T4 will be interpreted with appropriate caution given the longer follow-up interval.

3.4.7 Intervention/ control group journey through the trial

Following completion of baseline data collection for all participating classes, Cordis Bright will undertake class-level randomisation within each school using a secure, web-based randomisation system (Sealed Envelope). Eligible Year 6 classes will be allocated on a 1:1 basis to either the intervention arm or the business-as-usual control arm. Randomisation will take place after class lists have been finalised and baseline data collection has been completed, ensuring allocation concealment and preventing baseline measures from being influenced by knowledge of allocation. Allocation outcomes will then be communicated to schools and to the Ben Kinsella Trust solely for the purposes of scheduling intervention delivery.

Intervention group:

Pupils in classes allocated to the intervention group will attend the *Choices and Consequences* workshop, delivered off-site at a BKT exhibition space. The workshop is a one-off, immersive

session delivered by trained facilitators and actors using interactive exhibits, storytelling and guided reflection to explore the consequences of knife carrying and support safer decision-making.

Delivery follows a standardised sequence across sites, with facilitators adapting pacing and emphasis in response to pupil needs while maintaining fidelity to core components. The session includes a facilitated debrief, which may include reflective activities such as pledges or discussion, to support consolidation of learning.

Immediately following the workshop, pupils will complete the T2 post-workshop questionnaire.

Control group:

Pupils in classes allocated to the control group will not receive the *Choices and Consequences* workshop during the trial period. Control group classes will continue with business as usual, defined as their normal curriculum, pastoral provision and safeguarding arrangements, without exposure to *Choices and Consequences* content, materials or activities.

3.4.8 Safeguarding and support across the participant journey

Safeguarding and pupil wellbeing are prioritised throughout the trial.

BKT facilitators and actors are trained in trauma-informed delivery and safeguarding procedures. In this context, trauma-informed delivery includes: preparing pupils for emotionally sensitive content; using non-judgemental language; avoiding graphic or sensationalised material; monitoring pupils' emotional responses during sessions; providing structured debriefs; and clearly signposting opportunities for support if needed. Supplemented by BKT's safeguarding training, safeguarding knowledge plays a key role in the recruitment process for delivery staff. Facilitators and actors are expected to have extensive experience working with young people, with their safeguarding knowledge and experience examined in detail as part of the recruitment process. Mandatory annual safeguarding updates for all staff involves statutory updates, safeguarding best practice and clear guidance on BKT's policies and escalation procedures.

During pre-delivery planning, schools will be asked to highlight (where appropriate) any known circumstances that may mean particular pupils or groups of pupils could find the workshop content especially sensitive. This information will be shared only where necessary to support pupils' wellbeing and enable facilitators to respond appropriately. During workshop delivery and T2 administration, BKT facilitators/actors and accompanying school staff will monitor pupil wellbeing and initiate safeguarding escalation where required. During Cordis Bright-led T1, T3 and T4 questionnaire sessions, the lead Cordis Bright researcher is responsible for recognising, recording and initiating escalation of any safeguarding or

wellbeing concern arising during the research session, working with the school's Designated Safeguarding Lead and other school staff as appropriate. Pupils may pause or withdraw from activities at any time, and any safeguarding or wellbeing concerns will be managed in line with school and Ben Kinsella Trust safeguarding procedures.

During workshops, pupils are reminded that they can take breaks, step out, or speak to a trusted adult if they feel distressed.

During data collection, CB researchers ensure pupils understand that participation is voluntary and that they may skip questions or stop at any point. Any disclosures or safeguarding concerns arising during workshops or data collection will be managed in line with BKT and school safeguarding procedures. Where appropriate, feedback or concerns will be shared with designated school leads to support follow-up and continuity of care. Information provided to parents/carers and pupils in advance of participation will explain that if a safeguarding concern arises, it may need to be shared with appropriate school safeguarding leads in accordance with statutory duties.

3.5 Quantitative analysis

This section outlines the high-level approach to the quantitative analysis of the trial, including analysis of the primary outcome, secondary outcomes, subgroup analyses and exploratory analyses.

These analyses will be set out in more detail in the Statistical Analysis Plan (SAP), which will be finalised prior to any data cleaning or analyses. This will set out the full modelling strategy, including specifications for compliance and exploratory analyses, treatment of missing data, handling of clustering, and planned robustness and sensitivity checks.

All analyses will be conducted on an intention-to-treat (ITT) basis, whereby pupils are analysed according to their allocated trial arm, regardless of intervention attendance or compliance. This preserves the benefits of randomisation and provides an unbiased estimate of the effect of being offered the intervention under the efficacy conditions specified in this trial. Analyses will be conducted and reported in line with CONSORT guidance for cluster randomised controlled trials. All analyses will be conducted in line with the Youth Endowment Fund's analysis guidance.

3.5.1 Primary analysis

The primary outcome for the trial is pupils' willingness or intentions to carry a knife, measured using an 11-item version of the Willingness to Carry a Knife (WTCAK-11) scale. The WTCAK-11 will be collected at baseline (T1) and follow-up (T3) via pupil self-report questionnaires administered in schools.

The primary analysis will estimate the effect of allocation to the *Choices and Consequences* intervention, compared with business-as-usual provision. All analyses will account for the clustered nature of the trial, and within-school randomisation.

The primary model will be a mixed-effects analysis of covariance (ANCOVA) model, regressing pupils' WTCAK-11 scores at follow-up (T3) on:

- An indicator for allocation to the intervention or control group;
- Baseline WTCAK-11 scores;
- School fixed effects, reflecting the within-school randomisation and accounting for school-level factors incorporated into the randomisation procedure; and
- Class-level random intercepts, to account for correlation among pupils within classes (the unit of randomisation).

It should be noted that region and school size are incorporated into the randomisation procedure to support balance across the trial, as discussed in section 3.3.2. However, as both are invariant within schools, they are fully accounted for by the more granular school fixed effects and will not be entered separately into the primary model.

We will report the corresponding standardised effect size (Hedges' g) to aid interpretation and comparability with other studies, with 95% confidence intervals.

Baseline balance across trial arms will be examined descriptively for key pupil characteristics. Where meaningful imbalances are identified, sensitivity analyses will be conducted including these characteristics as additional covariates. Further robustness and sensitivity checks (including approaches to missing data) will be pre-specified in the Statistical Analysis Plan (SAP).

3.5.2 Secondary analyses

Secondary outcomes will be analysed using the same analytical approach as the primary outcome analysis. For each secondary outcome, we will estimate the ITT effect of allocation to the *Choices and Consequences* intervention compared with allocation to the control group, on follow-up outcomes at T3 adjusting for the corresponding baseline (T1) measure and accounting for the clustered design and within-school randomisation.

Analyses will use mixed-effects analysis of covariance (ANCOVA) models, regressing each secondary outcome at T3 on:

- an indicator for allocation to the intervention or control group;
- the baseline value of the same outcome measured at T1;

- school fixed effects, reflecting the within-school randomisation and ensuring that treatment effects are estimated from within-school comparisons; and
- class-level random intercepts, to account for clustering of pupils within classes.

As in the primary analysis, region and school size will not be entered separately because these school-level characteristics are fully accounted for by the school fixed effects.

The pre-specified secondary outcomes are:

- **Prosocial orientation**, measured using the Strengths and Difficulties Questionnaire (SDQ) – Prosocial behaviour subscale;
- **Peer relationships and peer difficulties**, measured using the SDQ – Peer problems subscale; and
- **Empathic concern and prosocial motivation**, measured using the Empathy Questionnaire for Children and Adolescents (EmQue-CA) – total score.
- **Mental wellbeing**, measured using the Stirling Children's Wellbeing Scale (SCWBS).

For each of these outcomes, analyses will estimate the Hedges' g effect size comparing intervention and control groups at T3, with 95% confidence intervals.

The trial has been powered on the primary outcome, and as such analyses of secondary outcomes will therefore be treated as exploratory and interpreted with appropriate caution. These analyses are intended to provide indicative evidence of changes in secondary outcomes that are theoretically linked to the intervention's Theory of Change. They will be used to support interpretation of the primary results and to inform understanding of broader intervention effects.

3.5.3 Exploratory analysis and robustness checks

In addition to the primary and secondary outcome analyses, a series of exploratory analyses will be undertaken to support interpretation of the findings and to examine potential variation in effects and robustness of results. These exploratory analyses are intended to examine potential variation in intervention effects and to support interpretation of findings. These analyses are intended to be hypothesis-generating rather than confirmatory; all analyses will be clearly labelled as exploratory and interpreted with appropriate caution.

Longitudinal analysis

In addition to the primary endpoint analysis at T3, we will undertake longitudinal analyses to examine outcome trajectories over time and to explore whether any observed intervention effects are sustained, attenuated, or amplified at longer-term follow-up (T4). The longitudinal

analysis will be considered supportive to the primary endpoint analysis. The trial is powered on the primary comparison at T3, and as such, inferences regarding differences between T3 and T4 effects will be interpreted cautiously. These analyses are intended to provide additional insight into the temporal pattern of change and to strengthen interpretation of the primary findings.

The longitudinal analysis will incorporate all available repeated measures of the primary outcome (WTCAK-11) collected at T1 (baseline), T3 (short-term follow-up), and T4 (longer-term follow-up). The purpose of this analysis is to model change over time and to assess whether the effect of allocation to the Choices and Consequences intervention varies across follow-up timepoints.

The longitudinal model will be specified as a mixed-effects repeated measures model, regressing WTCAK-11 scores on:

- An indicator for allocation to the intervention or control group;
- Timepoint indicators (T3 and T4, with T1 as reference);
- Interaction terms between allocation and timepoint, to estimate differential change over time;
- School fixed effects, reflecting the within-school randomisation; and
- Random intercepts at the class level to account for clustering of pupils within classes.

The key parameters of interest will be the allocation × timepoint interaction terms, which estimate the difference in change between intervention and control groups at T3 and T4 relative to baseline. Standardised effect sizes (Hedges' g) will be calculated at each follow-up timepoint to support interpretation and comparability with the primary analysis.

Subgroup analysis

Exploratory analyses will examine whether the effect of allocation to the Choices and Consequences intervention on the primary outcome at follow-up (T3) varies across pupil characteristics. We will analyse differences by ethnicity in line with REDI considerations. Subject to data availability and statistical power, we will also explore variation by indicators of socio-economic disadvantage (e.g. eligibility for free school meals). All subgroup analyses will be pre-specified in the SAP.

Subgroup analyses will be conducted by estimating interaction effects between trial arm and the relevant subgroup indicator within the primary modelling framework. These analyses will be exploratory and hypothesis-generating, as the trial is not powered to detect differential effects across subgroups. Findings will therefore be interpreted cautiously.

Subgroup analyses will only be reported where subgroup sizes are sufficient to preserve participant confidentiality. Where numbers are very small, categories may be combined or analyses omitted from reporting to minimise the risk of inadvertent identification.

Analysis in the presence of non-compliance

The primary analysis will follow an intention-to-treat (ITT) approach. However, this may underestimate the intervention's true efficacy if some young people do not adhere fully to their assigned treatment. To complement the ITT analysis, we therefore plan to conduct an exploratory Complier Average Causal Effect (CACE) analysis.

The CACE analysis will estimate the average treatment effect among those who engage with the Choices and Consequences intervention as intended, providing insight into the potential impact of "full participation." This analysis will be exploratory and interpreted cautiously, as the trial is not powered to detect statistically significant subgroup effects.

For the purposes of CACE estimation, the primary definition of compliance will be attendance at the full workshop session, recorded at pupil level. More granular measures of engagement (e.g. extent of participation across exhibition rooms) will be explored if these data are systematically and reliably captured through delivery logs, as described in Section 4. Given the one-off nature of the intervention, compliance is expected to be high among allocated classes; any CACE analysis will therefore be exploratory and interpreted cautiously. The SAP will set out further detail on model specification, treatment of missing data, and sensitivity testing to assess robustness where sample size permits.

Mechanism and mediation analysis

In addition to estimating the impact of the intervention on primary and secondary outcomes, we will undertake exploratory analyses to examine the evaluative causal pathway. These analyses will be pre-specified in the SAP and may include:

- **Knowledge and understanding.** Knowledge and understanding of the consequences of knife carrying will be measured at T2 (immediate post-workshop) for pupils in the intervention group only. Among pupils allocated to the intervention, we will examine associations between knowledge and understanding at T2 and WTCAK-11 scores at T3, adjusting for baseline WTCAK-11 and school fixed effects, and accounting for clustering within classes. These analyses will assess whether higher reported knowledge and understanding is associated with lower short-term willingness to carry a knife, providing exploratory, supportive evidence regarding the plausibility of this mechanism.

- **Empathy.** Empathic concern and prosocial motivation are hypothesised routes through which the intervention may influence willingness to carry a knife. Empathy will be measured at T1, T3 and T4 for both trial arms. We will conduct exploratory mediation analysis to examine the extent to which empathy at T3 mediates willingness to carry a knife at T4. Models will estimate (i) the effect of allocation on empathy at T3, and (ii) the association between empathy at T3 and WTCAK-11 scores at T4. Models will include school fixed effects and account for clustering of pupils within classes. The precise mediation estimand and modelling approach will be pre-specified in the SAP.

These analyses are intended to support interpretation of the primary findings and will be clearly labelled as exploratory and hypothesis-generating. Findings will be used to assess consistency with the hypothesised causal pathway.

Robustness checks

Robustness checks will be undertaken to assess the sensitivity of findings to key analytical assumptions. These will be pre-specified in the SAP and may include:

- Alternative model specifications;
- Checks on the impact of any baseline imbalances between trial arms.

Results from exploratory analyses and robustness checks will be clearly labelled as such and will not be used to determine overall trial success.

3.5.4 Approach to missing data

Patterns and levels of missing data will be examined descriptively for all outcomes, by trial arm and key baseline characteristics. Predictors of missingness will also be explored, and the number and proportion of pupils included in the primary analysis will be reported.

The headline primary analysis will use observed T3 primary outcome data. The handling of missing baseline covariate data, together with any multiple-imputation and missing-not-at-random sensitivity analyses, will be pre-specified in the Statistical Analysis Plan (SAP), informed by the extent and observed patterns of missingness and in line with YEF guidance.

3.5.5 Data quality monitoring and support

Data quality will be monitored throughout the trial to ensure completeness, consistency and accuracy of outcome data.

Standardised data collection procedures will be used across schools and timepoints. Baseline (T1) and follow-up (T3) questionnaires will be administered in schools by trained Cordis Bright

researchers under consistent conditions. Immediate post-workshop questionnaires (T2) will be administered by the Ben Kinsella Trust staff using a standardised protocol.

Routine checks will be conducted to identify missing, inconsistent or implausible responses. Where feasible, follow-up with schools will be undertaken to resolve data queries and to arrange mop-up data collection sessions for pupils who were absent at the time of scheduled data collection.

Procedures for data cleaning, validation and database lock will be specified in the SAP prior to analysis. Learning from the internal pilot phase will be used to refine data collection processes and quality assurance arrangements ahead of full trial delivery.

4 Implementation and process evaluation

4.1 Overview

An integrated implementation and process evaluation (IPE) will be conducted alongside the efficacy trial to support interpretation of impact findings and to generate learning about how the *Choices and Consequences* intervention is delivered, experienced and received in practice as well as what conditions may be needed for future scale-up.

In line with guidance from the Education Endowment Foundation (EEF, 2022) and the Youth Endowment Fund (YEF, 2021) on implementation and process evaluations, the IPE has been designed to examine how the intervention was delivered in practice, identify key contextual enablers and barriers, and explore participants' experiences and engagement, in order to support interpretation of the trial's impact findings.

The IPE is designed to address three core purposes:

1. **To assess implementation fidelity and variation**, including whether the intervention is delivered as intended across sites, facilitators and schools.
2. **To explore hypothesised mechanisms of change**, including pupils' emotional engagement, perceived learning post-workshop, and changes in constructs such as knowledge and understanding of consequences, empathy, peer norms and reflective decision-making.
3. **To identify contextual and equity-related factors** that may influence delivery, engagement and outcomes, including school context, practices or perceptions that may influence participation or engagement, pupil needs and delivery adaptations.

The IPE will be formative and explanatory in nature. It is intended to complement the impact evaluation by helping to explain *how* and *why* any observed effects (or lack of effects) may have occurred.

This approach reflects the complexity of the intervention, the immersive and experiential nature of delivery, and the ethical and methodological challenges associated with measuring behavioural change among primary-aged pupils.

4.2 IPE Research questions

The IPE will address the following research questions:

1. Implementation and fidelity

- To what extent was the Choices and Consequences intervention delivered in line with its intended design, core components and Theory of Change?

- How did delivery vary across schools, facilitators and sites, and what factors contributed to this variation?
- What adaptations, if any, were made during delivery, and how were these shaped by contextual factors, safeguarding considerations or pupil needs?

2. Engagement and hypothesised mechanisms of change

- How did pupils experience and engage with the Choices and Consequences workshop?
- To what extent did pupils report understanding and learning the key legal, social and emotional messages delivered during the workshop?
- How did emotional engagement, empathy and perceived relevance feature in pupils' accounts of the intervention, and how do these experiences relate to the hypothesised mechanisms of change?

3. Context, equity and differential experiences

- How did school context, preparatory activity and pupil characteristics shape engagement with, and experiences of, the intervention?
- Were there differential experiences of delivery or engagement for particular groups of pupils, including those with additional needs or prior exposure to violence?
- What contextual enablers or barriers influenced implementation, engagement or fidelity?

4. Perceived outcomes and unintended effects

- What perceived changes or outcomes were reported by pupils, teachers and facilitators following participation in the intervention, and how do these perceptions help explain the impact findings?
- Were any unintended or adverse effects identified, including heightened anxiety or distress, and how were these managed?
- How do findings from the IPE help to explain or contextualise the trial's impact findings?

5. Guidelines for future implementation

- What are the implications for future replication, scale and spread, including any refinements needed to support fidelity, safeguarding and equitable delivery?

4.3 Research methods

The IPE will draw on a mixed-methods approach, combining monitoring data, survey data and qualitative research with pupils, teachers and intervention staff. Data collection methods are designed to be proportionate, age-appropriate and minimally burdensome, while providing sufficient depth to support interpretation of impact findings.

IPE data collection will be undertaken on a phased basis, aligned with intervention delivery across the study period. Early IPE activity will take place during the internal pilot and initial delivery phase to inform understanding of fidelity, safeguarding and engagement. The majority of qualitative data collection will occur during the main delivery phase, with sampling designed to capture variation across schools, sites and contexts. A small number of later interviews may be conducted to support interpretation of impact findings once delivery is concluded.

Figure 7: IPE methods overview

Research methods	Data collection methods	Participants / data sources (type, number)	Data analysis methods	Research questions addressed	Implementation / logic model relevance
Monitoring and administrative data	Delivery logs; attendance records; safeguarding logs; basic pupil and school characteristics	Intervention monitoring data collected routinely by BKT across all participating schools and workshops	Descriptive analysis; synthesis across sites	RQ1 (implementation and fidelity); RQ3 (context and adaptation)	Assesses fidelity, reach, dosage and permissible adaptations; supports understanding of variation in delivery
Post-workshop pupil questionnaire (T2)	Brief self-report questionnaire administered immediately post-workshop	Intervention pupils only (all intervention classes)	Descriptive analysis; triangulation with qualitative data	RQ2 (engagement and mechanisms); RQ4 (unintended effects)	Examines hypothesised mechanisms (perceived learning, emotional engagement) and immediate responses
Qualitative interviews with pupils	Semi-structured interviews using age-	Purposive sample of intervention pupils (approx. 10	Thematic analysis informed by Theory of Change	RQ2 (engagement and mechanisms); RQ3 (equity and	Explores lived experience of intervention delivery, emotional

	appropriate topic guides	during internal pilot and 40 during efficacy phase)		differential experience); RQ4 (perceived outcomes)	engagement and perceived relevance
Qualitative interviews with intervention staff and facilitators	Semi-structured interviews	Purposive sample of BKT facilitators and interventio n staff (approx. 10 during internal pilot and 20 during efficacy phase)	Thematic analysis	RQ1 (fidelity and adaptation); RQ3 (contextual enablers and barriers)	Explores delivery processes, fidelity, adaptation and contextual influences
Qualitative interviews with school staff	Semi-structured interviews	Purposive sample of teachers and school staff (approx. 4 during internal pilot and 12 during efficacy phase)	Thematic analysis	RQ3 (context and equity); RQ4 (perceived outcomes and unintended effects)	Provides wider contextual perspective on engagement, support needs and perceived impacts

4.3.1 Monitoring and administrative data

Monitoring and administrative data will be drawn from BKT delivery records, information provided by participating schools and Cordis Bright trial-monitoring records. This will include:

- Attendance and dosage data (e.g. session completion)
- Delivery logs capturing timing, sequence and any deviations from the standard workshop model
- Records of safeguarding concerns and support provided
- Basic demographic information provided by schools (e.g. ethnicity, SEND, EAL, year group)

- Whether intervention or control classes are exposed during the trial period to other knife-crime education, relevant whole-school assemblies/resources. This will be captured from standardised information collected from participating schools during T3 and T4 data collection visits. More detailed accounts of comparator provision and contextual change will be explored through the school-staff IPE interviews.

These data will be used to assess fidelity, consistency and reach across the trial, and to document permissible adaptations and contextual variation rather than to assess outcomes.

4.3.2 Post-workshop pupil questionnaire (T2)

An immediate post-workshop questionnaire (T2) will be administered to pupils in the intervention group only. The T2 questionnaire will capture:

- Pupils' perceived learning and understanding of key messages
- Emotional engagement with the workshop
- Perceived relevance and acceptability of content
- Immediate reactions to delivery and facilitation

As outlined in Section 3.3.3, knowledge and understanding are treated primarily as hypothesised mechanisms of change rather than as secondary outcomes. The T2 questionnaire therefore provides a proportionate way to explore whether key mechanisms were activated, without introducing additional burden at baseline or follow-up or compromising the integrity of the impact evaluation.

4.3.3 Qualitative interviews

Qualitative interviews will be conducted with pupils, intervention staff and wider stakeholders to support the implementation and process evaluation. Interviews will explore experiences of delivery and participation, perceived mechanisms of change, contextual influences, and any unintended or adverse effects.

Interviews with pupils

A purposive sample of pupils who have participated in the *Choices and Consequences* intervention (n=50) will be invited to take part in semi-structured interviews. Interviews will explore pupils' experiences of the workshop, including engagement with different components, perceived learning and understanding of key messages, emotional responses, and perceived relevance. Group discussions are not planned, given the sensitive nature of the subject matter and the importance of safeguarding and confidentiality.

Sampling will be purposive and will seek to reflect diversity in participating schools, delivery sites, and pupil characteristics and experiences. This will include consideration of ethnicity, gender, engagement with the intervention and local context, while recognising the practical and ethical constraints of voluntary participation. Schools will be asked to invite expressions of interest from eligible pupils. Where feasible, interview participants will then be selected by the research team using random selection within pre-specified strata to support diversity and minimise selection bias. Where this is not possible for practical or safeguarding reasons, the rationale for the recruitment approach will be documented. Participation in qualitative interviews will require separate opt-in informed parental and young person consent. Where a parent provides consent, but a pupil declines to participate, the pupil's decision will be respected.

Interviews will be conducted by members of the Cordis Bright research team with experience of conducting sensitive research with children and young people, and/or trained peer researchers supported by Cordis Bright. Interviewer allocation will be informed by pupils' preferences, communication needs, safeguarding considerations and any relevant contextual factors, with the aim of maximising comfort and enabling pupils to speak freely.

Interviews will be conducted using age-appropriate approaches that are sensitive to the potential for distress. In practice, this includes clearly explaining the purpose of the discussion; avoiding leading or graphic questioning; allowing pupils to skip questions or pause at any time; monitoring signs of discomfort; and offering breaks or termination (for example if the young person becomes distressed) of the interview where needed. Where required, interpretation or translation support will be arranged in liaison with schools to ensure that language is not a barrier to participation. Pupils will receive a small thank-you voucher in recognition of their time.

Interviews with intervention staff, practitioners and school staff

Semi-structured interviews will also be conducted with a purposive sample of the Ben Kinsella Trust intervention staff and key partners (n=30) and school staff (n=16). These interviews will explore perspectives on intervention delivery, fidelity, engagement, contextual enablers and barriers, and perceived outcomes.

Sampling will be agreed with the Ben Kinsella Trust to ensure inclusion of stakeholders with differing roles and levels of involvement in delivery. Participation will be voluntary and distinct from professional roles in intervention delivery. All participants will be provided with clear information about the purpose of the research and will provide informed consent prior to interview.

Interviews will typically be conducted remotely and will explore experiences of implementation, perceptions of pupil engagement and response, contextual influences, and

learning for future delivery. Interviews will also contribute to understanding how implementation and context may help explain impact findings.

Participation in staff interviews is voluntary. School leaders may assist in identifying appropriate staff to invite, but decisions about participation will be made by individual staff members. Declining to participate will have no impact on their employment or on their school's participation in the trial.

Data management and safeguarding

With participants' consent, interviews will be audio-recorded and transcribed. Where consent to recording is not provided, detailed notes will be taken. All data will be stored securely in line with Cordis Bright's data protection policies.

Safeguarding considerations will be prioritised throughout. Any safeguarding concerns arising during interviews will be managed in line with the Ben Kinsella Trust, Cordis Bright and school's safeguarding procedures, with appropriate information sharing where necessary. Where a concern indicates a risk of harm, the research team will follow the school's usual safeguarding escalation routes, sharing information with the school's Designated Safeguarding Lead as appropriate. Information sheets and consent materials for both surveys and interviews will explain that if a safeguarding concern arises during participation, this will need to be shared with appropriate school safeguarding leads in accordance with statutory duties.

4.4 Analysis

IPE data will be analysed iteratively using reflexive thematic analysis (Braun & Clarke, 2006; 2019), informed by the intervention Theory of Change.

Quantitative monitoring and T2 survey data will be summarised descriptively to assess patterns in fidelity, engagement and perceived learning. Qualitative data will be coded and analysed thematically to identify recurring themes relating to implementation, mechanisms and context. Where sample size and data richness permit, qualitative and monitoring data will be examined for patterns relating to key protected and equity-relevant characteristics, including gender, ethnicity and SEND status. This analysis will be exploratory and interpretive rather than comparative.

Findings from the IPE will be triangulated with impact evaluation results to:

- Support interpretation of outcome findings, including situating quantitative results within pupil's lived experiences and local contexts
- Explore whether variation in delivery or engagement may explain differential impacts

- Identify learning for future delivery, refinement or scale-up of the intervention

5 Cost data reporting and collecting

5.1 Principles

The collection and reporting of cost data is intended to provide a transparent and pragmatic estimate of the resources required to deliver the *Choices and Consequences* intervention to schools under efficacy conditions. In line with Youth Endowment Fund (YEF) guidance, cost reporting will support interpretation of the study findings and inform future commissioning, replication and scale-up decisions.

Cost reporting will be descriptive rather than evaluative. The study will not undertake a formal cost-effectiveness or cost–benefit analysis, nor will it seek to draw conclusions about value for money or comparative efficiency relative to other interventions.

Cost estimates will relate to intervention delivery only. All costs associated solely with evaluation activities, as well as intervention development or adaptation undertaken specifically for the purposes of the trial, will be excluded from reported cost estimates.

5.2 Capturing cost data

Cost data will be collected in collaboration with the Ben Kinsella Trust and will focus on identifying the resources required to deliver the *Choices and Consequences* intervention to participating schools through delivery in an external, immersive setting.

In line with YEF guidance, cost estimates will be derived using a bottom-up approach, identifying the nature of each resource required to deliver the intervention, the quantity of that resource used, and its associated monetary value. Cost estimates will be informed by the perspectives of all organisations involved in intervention delivery where relevant to resource use.

Cost categories are expected to include, but are not limited to:

- **Staffing costs**, including facilitators, actors and intervention staff time associated with preparation, delivery, safeguarding, supervision and intervention management
- **Venue and delivery-related costs**, including use of the external delivery setting and associated operational inputs
- **Intervention materials and resources**, including any physical or digital materials required for delivery
- **Travel and subsistence**, where relevant for delivery teams
- **Overheads and indirect costs**, where these can be reasonably attributed to intervention delivery

- **School-related coordination inputs**, such as staff time associated with organising attendance or safeguarding follow-up, reported descriptively where monetisation is not appropriate

Where costs vary by site, cohort size or delivery configuration, this variation will be documented and described to support transparency.

5.3 Assumptions and adjustments

Cost estimates will be generated assuming full delivery as intended under efficacy conditions. This assumption will be made explicit to support interpretation and to avoid over-precision in reported estimates.

All costs will be adjusted to constant prices using GDP deflators, with 2026 (the year in which intervention delivery begins) used as the base year. This approach will account for variation in the timing of cost data collection across the study period. Costs will not be discounted for time preferences.

Where relevant, costs associated with durable inputs, such as venue infrastructure, will be apportioned in line with the proportion of participating pupils who benefit from their use during the trial period. While some durable components may have benefits extending beyond the trial, these are not anticipated to form a significant component of intervention costs.

Cost estimates will be disaggregated into set-up costs and recurring delivery costs, to support understanding of the resources required to initiate and sustain delivery under trial conditions.

5.4 Reporting cost information

Cost information will be summarised and reported in a transparent and accessible format, using the mandatory reporting tables set out in YEF guidance. All assumptions underpinning cost estimates will be clearly documented.

Reported outputs are expected to include:

- Total cost per pupil (assuming full compliance), broken down into set-up, recurring and total costs
- Total cost per cohort (or per school cohort) under full compliance assumptions, broken down into set-up, recurring and total costs
- A clear summary of key costing assumptions (e.g. cohort size, staffing inputs)
- Illustrative trial totals (e.g. total cost across the trial sample)

Cost findings will be presented alongside impact and implementation findings to support holistic interpretation of the study results and to inform future decision-making regarding

intervention delivery and scale-up, without implying cost-effectiveness or value-for-money conclusions.

6 Race equity, diversity and inclusion

6.1 Overview and principles

REDI considerations are particularly important in the context of knife crime prevention, given the disproportionate exposure of racially minoritised and socioeconomically disadvantaged children to violence, criminalisation and exclusion, and the risk that poorly designed interventions or evaluations may inadvertently reinforce stigma or deficit-based narratives. *Choices and Consequences* explicitly addresses stereotypes in discussions of crime and violence, and the evaluation is designed to ensure that the generation and interpretation of evidence does not reproduce structural bias.

REDI is integrated across the design, recruitment, delivery, measurement, analysis and interpretation of the study. This includes:

- Careful distinction between proportionate outreach at school recruitment stage and universal access at pupil level;
- Transparent reporting of sample composition and participation patterns;
- Monitoring differential recruitment, completion and attrition by key characteristics;
- Pre-specified subgroup and exploratory analyses where feasible;
- Qualitative exploration of participant experience through implementation and process evaluation (IPE), including attention to differential experience across groups; and
- Explicit consideration of structural context when interpreting findings.

This evaluation will be conducted in line with Cordis Bright's Equality, Diversity and Inclusion toolkit and reflects a shared commitment between Cordis Bright and the Ben Kinsella Trust (BKT) to ensuring that both the intervention and the evaluation are inclusive, contextually informed and attentive to the lived experiences of children and communities most affected by serious violence.

While age-appropriate materials, fit-for-purpose consent approaches and accessible data collection reflect good ethical research practice, REDI-specific considerations extend further to monitoring representation, and examining potential differential impacts, in analysis and reporting.

The subsequent sections set out how these principles are operationalised in recruitment, delivery, measurement and interpretation.

6.2 Equity in intervention design and participation

Choices and Consequences is delivered as a universal intervention at pupil level, accessed through schools rather than targeted at children identified as 'at risk'. Universal delivery supports equal access within participating schools and avoids selecting individual pupils on the basis of perceived risk or behaviour.

However, universal provision alone does not guarantee equity. Equity is supported through structured adaptability within delivery, allowing facilitators to respond to different group contexts and needs while maintaining fidelity to core components. This includes adapting pacing, discussion structure, examples used in facilitation, emotional regulation support, and the handling of sensitive disclosures.

While the intervention seeks to avoid reinforcing associations between knife crime and particular racialised or marginalised groups, the evaluation does not assume that universal delivery is inherently non-stigmatising. Through the IPE, participant experience, including perceptions of relevance, representation and stigma, will be explored.

Although outreach prioritises schools serving communities experiencing higher levels of socio-economic disadvantage or exposure to serious youth violence, delivery remains universal within participating schools. The focus of workshop content is on behaviours, choices and social norms rather than on particular demographic groups, and facilitators are trained to challenge stereotypes and avoid deficit-based narratives in discussion. Delivery is supported by a diverse team of facilitators and actors, and workshop materials are designed to reflect a range of identities and experiences, helping to promote representation and avoid reinforcing harmful stereotypes.

Delivery takes place in external exhibition settings, which may support emotional safety and engagement, particularly for children who may experience school environments as disciplinary or exclusionary. Facilitators are trained to deliver content in trauma-informed and developmentally appropriate ways and to adapt delivery sensitively in response to group needs while maintaining fidelity to core components. Examples of adaptive practice that support equitable delivery include:

- Adjusting facilitation style and discussion prompts to reflect local context without attributing risk to particular groups;
- Providing additional emotional regulation tools or structured breaks where groups show signs of distress;
- Modifying language or explanation to support pupils with SEND, neurodiversity or lower literacy;
- Ensuring that examples used in discussion do not reinforce stereotypes;

- Ensuring workshop activities are accessible regardless of reading ability, with staff available to provide additional support where needed;
- Supporting multi-sensory engagement through visual, auditory and kinaesthetic elements of the exhibition environment;
- Ensuring the physical exhibition space is accessible for pupils with mobility or physical impairments, in line with accessibility requirements;
- Working with school safeguarding leads in advance to anticipate contextual sensitivities.

These adaptations aim to support inclusive participation while preserving the core aims and sequencing of the workshop.

The exhibition-based format is designed to support inclusive participation by using immersive, interactive and multi-sensory learning approaches rather than relying on didactic or text-heavy delivery. Activities are predominantly visual, auditory and experiential, helping to minimise literacy barriers and support engagement among pupils with diverse learning needs, including those with SEND or lower confidence in classroom-based discussion.

6.3 Training and development (EDI and inclusive practice)

Embedding equity, diversity and inclusion requires continuous learning and reflection. All delivery staff (facilitators and actors) undertake a comprehensive induction process, including mandatory Equality, Diversity and Inclusion (EDI) training and trauma-informed practice training. This induction includes structured review of workshop materials, observation of experienced facilitators, co-facilitation and formal feedback before independent delivery.

EDI training is delivered by BKT's online learning portal and completed within the first month of joining. This training covers the Equality Act 2010 and protected characteristics, types of discrimination (including direct and indirect discrimination, harassment and victimisation), recognising and challenging bias, and promoting dignity, respect and fairness. Core EDI training is refreshed at least every two years, alongside annual in-person workshops and biennial external expert-led sessions focused on inclusive behaviours, unconscious bias and inclusive communication.

In addition to formal EDI training, delivery quality is monitored through structured observations, feedback and biannual training sessions (September and March), which incorporate learning from delivery experience, participant feedback and safeguarding updates. Where areas for development are identified, tailored support and further observation are provided.

These structured processes aim to ensure that facilitators are supported not only at induction but throughout ongoing delivery, with clear mechanisms for reflection, accountability and continuous improvement.

6.4 Inclusive recruitment and data collection

The evaluation will recruit a diverse range of mainstream primary schools across BKT delivery regions. Within participating schools, pupils will be invited to take part using an opt-out consent model. This approach is intended to minimise systematic exclusion of children from families who may face language barriers, lower literacy or reduced engagement with school communications. Recruitment, participation and survey completion will be monitored to identify any differential patterns by key pupil characteristics (e.g., ethnicity and indicators of disadvantage), and to inform any practical adjustments to communication or data collection processes where feasible.

Data collection processes have been designed to be as accessible as possible for primary-aged children, including careful consideration of language, reading burden and support needs. Participant-facing materials will be co-designed with BKT's Youth Advisory Board (YAB) to support clarity, accessibility and age-appropriateness. As described in Section 3.3 , our approach in line with participatory research principles focuses on co-design of participant-facing materials and experience rather than on trial design decisions.

Surveys will typically be completed during class time in the presence of school staff, consistent with usual classroom practice. However, teachers will not have access to individual pupil responses. Individual survey responses will not be monitored for safeguarding purposes or used to identify or notify others of safeguarding concerns. However, if a safeguarding concern arises separately during the research process (for example, through something a pupil says or does during an interview or data collection session), the research team will follow the study safeguarding procedure. This may involve sharing the minimum information necessary with the school's Designated Safeguarding Lead. Where pupils require support with reading or understanding questions, assistance will focus on clarifying wording rather than discussing content or influencing responses.

The evaluation team recognises that pupils' experiences of school environments may vary. The IPE will therefore explore how pupils experience the research process, including whether the survey context feels safe and acceptable across different groups.

6.5 Accessible delivery of the *Choices and Consequences* workshop

Choices and Consequences will be delivered in a way that is inclusive and accessible for a wide range of pupils. Reasonable adjustments will be made where appropriate to support pupils' engagement and participation, including consideration of additional learning needs or disabilities, language needs, neurodiversity, and other barriers to access.

Delivery is informed by trauma-informed practice, which in this context includes:

- Prioritising physical and emotional safety through clear structure, agreed group norms and predictable sequencing of activities;
- Supporting self-regulation through structured breaks, reflection activities and tools such as the Zones of Regulation;
- Responding to distress or challenging behaviour with curiosity rather than judgement;
- Providing decompression opportunities following emotionally intense components of the workshop; and
- Ensuring that disclosures are handled in line with safeguarding procedures.

These practices aim to reduce the likelihood of re-traumatisation and support emotional processing while maintaining workshop fidelity.

The term “safe space” is used in a practical rather than absolute sense. The workshop seeks to create a respectful and structured environment in which pupils can engage with sensitive content without fear of ridicule or harm. However, the evaluation recognises that experiences of safety may differ across pupils and groups, particularly where pupils have experienced discrimination, exclusion or bias within educational settings. The IPE will therefore explore how pupils experience workshop discussions, including whether the environment supports open expression of different perspectives and lived experiences.

Facilitators are trained to challenge stereotypes constructively and to avoid deficit-based framing. Inclusive communication strategies include the use of clear and accessible language, multi-sensory learning approaches, and facilitation techniques (e.g., structured discussion, think/pair/share) that allow pupils multiple ways to participate. Where additional needs arise, facilitators work with school safeguarding leads and staff to ensure appropriate support, signposting or escalation in line with established procedures.

6.6 Measurement limitations and interpretive caution

The evaluation prioritises the use of validated outcome measures to support rigour and comparability. However, the team recognises that the availability of robust measures in this area is constrained, and that psychometric validation does not imply universal appropriateness across all populations.

Many commonly used social and behavioural measures were developed and validated using samples that may not fully reflect the racial, cultural, socio-economic or linguistic diversity of children participating in this study. As a result, these tools may function differently across groups, and may not capture lived experience or risk orientation in equivalent ways for all

pupils. The evaluation therefore acknowledges the wider debate around the limitations of standardised self-report measures in diverse school populations, and the need for continued development in this field.

To mitigate these challenges as far as possible within the scope of an efficacy trial, the evaluation team has prioritised measures with evidence of relevance and validity for similar age groups and settings, and has selected measures with clear, accessible wording wherever possible. Nevertheless, there are external limitations in demographic-specific validation evidence which will be acknowledged specifically when interpreting findings.

Children's understanding and interpretation of survey items may also vary due to differences in literacy, language background, SEND, or familiarity with abstract concepts such as intentions or social norms. These factors may shape how questions are understood and answered across groups, despite efforts to maximise accessibility. Survey materials have therefore been reviewed to minimise reading burden and use age-appropriate language, and neutral support will be provided to pupils during completion where needed, consistent with usual classroom practice.

The evaluation also relies on self-report measures relating to sensitive topics. Children's responses may be influenced by social desirability, perceived expectations or differing levels of trust in school or research settings, which may vary systematically across groups.

These measurement limitations will be addressed through interpretative caution and triangulation. Quantitative findings, particularly subgroup analyses, will be interpreted with caution, and will be contextualised using qualitative evidence from the IPE. This will include exploring how pupils and staff experience and understand the workshop content, how survey questions are interpreted in practice, and whether the intervention operates differently across contexts or groups. This approach is intended not simply as standard evaluation practice, but as part of an explicit strategy to avoid over-interpreting numerical differences in ways that could obscure lived experience or reinforce deficit-based narratives.

6.7 REDI-informed analysis, reporting and learning

The study will examine patterns in outcomes and experiences across key characteristics where data permit, to support learning about whether *Choices and Consequences* may operate differently across contexts and groups. This will include exploratory subgroup analyses of primary and secondary outcomes across policy-relevant characteristics (e.g., ethnicity, indicators of disadvantage and additional needs), alongside qualitative evidence from the IPE.

The purpose of these analyses is not to statistically prioritise or "weight" particular voices within the impact analysis, but to ensure that findings are interpreted fairly and transparently,

and that any emerging differential patterns are identified rather than obscured within overall averages.

The evaluation team recognises that subgroup analyses may require pragmatic grouping of categories, which can mask within-group diversity; decisions about categorisation will therefore be made transparently and reported with appropriate caveats.

The trial is powered to detect an overall impact on the primary outcome and is not designed primarily to detect differential effects between demographic subgroups. Subgroup analyses will therefore be treated as exploratory and hypothesis-generating rather than confirmatory. This reflects a broader challenge in embedding statistical equity within individually powered trials. REDI considerations are instead embedded through the combination of universal, non-stigmatising delivery, inclusive recruitment procedures, interpretive caution regarding measurement validity, and qualitative exploration of participant experience.

Qualitative components of the IPE will support contextual interpretation of quantitative findings, including exploring how pupils from different backgrounds experience the workshop, how messages are understood, and whether any barriers to engagement or differential impacts are perceived in practice.

Given that the intervention is delivered through specialist exhibition settings rather than within schools, findings will also be interpreted in light of potential implications for access, scalability and transferability to other delivery models or contexts.

7 Ethics and trial registration

7.1 Ethical approval

Ethical approval has been independently reviewed and given a favourable opinion by the University of Portsmouth Research Ethics Committee (approval ID: 26/ETHICS/022).

This involved submitting a detailed ethics application (alongside research and consent tools).

The trial will also be registered on the International Standard Randomised Controlled Trial Number (ISRCTN) website.

7.2 Informed consent and assent

The study involves children of primary school age and addresses potentially sensitive topics relating to knife crime, safety and consequences. Ethical design has therefore prioritised proportionality, clarity and safeguarding, while minimising burden on schools and families.

Participation in the evaluation will be based on an opt-out parental consent model. This approach is consistent with good practice in school-based research where interventions are delivered universally and where opt-in consent may risk systematic exclusion of some groups of children (for example, due to language barriers or lower parental engagement).

Parents and carers will be provided with clear, accessible information about the study, including its purpose, what participation involves, data handling arrangements, and how to opt their child out. Children will be provided with age-appropriate information about the workshop and evaluation during the pre-visit preparation, and their willingness to participate will be confirmed at the point of data collection. If children do not wish to participate in evaluation activity in line with YEF policy they will be informed they would no longer be able to take part in the workshop. Children will be informed that participation is voluntary, and that they may decline to take part or withdraw at any time following baseline data collection. This will be explained clearly to children and families in advance, and children will be reminded that they may skip any questions they do not wish to answer in the data collection processes.

7.3 Safeguarding and participant wellbeing

Safeguarding considerations are central to the design and delivery of both the intervention and the evaluation.

Cordis Bright will work closely with the Ben Kinsella Trust and participating schools to ensure that robust safeguarding arrangements are in place throughout the study. All participating schools will be required to have an identified safeguarding lead and established referral pathways prior to data collection.

Prior to workshop delivery, Ben Kinsella Trust staff conduct structured pre-visit safeguarding and wellbeing discussions with participating schools, including the Designated Safeguarding Lead (DSL) or other nominated staff. These discussions gather contextual information about the visiting group, including vulnerabilities, wellbeing needs, safeguarding considerations, staffing arrangements and any anticipated support needs or disclosures. Schools are also asked to identify existing pastoral and safeguarding arrangements relevant to supporting pupils before, during and after workshop participation. Additional safeguarding and wellbeing check-ins are conducted on the day of delivery and following workshop completion to identify and respond to any safeguarding or welfare concerns arising from participation.

In the event of a safeguarding concern or disclosure, staff will follow established safeguarding procedures, including accurate recording, escalation to safeguarding leads, and information sharing on a need-to-know basis in accordance with safeguarding and data protection requirements.

Researchers involved in data collection are trained in safeguarding procedures and will follow both Cordis Bright's and the Ben Kinsella Trust's safeguarding policies and relevant statutory guidance.

Survey instruments and data collection processes have been designed to be developmentally appropriate and non-graphic, and to minimise the risk of distress or fear. Teachers will be informed in advance about the nature of the questions so that they are able to provide reassurance or follow-up support if required. However, the evaluation recognises that not all pupils may experience teachers or school environments as wholly safe or supportive. Researchers will therefore clearly explain confidentiality and safeguarding approaches to pupils, provide opportunities for pupils to speak privately if needed, and ensure that any concerns are escalated in line with school safeguarding procedures, Cordis Bright's safeguarding framework and the Ben Kinsella Trust's safeguarding framework.

7.4 Minimising risk and burden

The evaluation has been designed to minimise risk, burden and disruption for children and schools. Data collection will take place at time points that align with intervention delivery and will be kept as brief as possible while meeting the requirements of the trial design.

Children will not be asked to provide identifying information within questionnaires. No child will be asked to disclose personal involvement in knife crime or illegal behaviour as part of the evaluation or to recount personal experiences of violence.

Any risks associated with participation are expected to be minimal and comparable to those encountered in standard educational or PSHE-related activities of a similar nature.

7.5 Trial registration and transparency

The trial is registered on the International Standard Randomised Controlled Trial Number (ISRCTN) website (ISRCTN16233216). The registration includes details of the trial design, primary and secondary outcomes, and analysis plans to support transparency and reduce the risk of selective reporting. Any deviations from the registered protocol will be documented and justified in reporting of study findings.

8 Data protection

8.1 Legal basis and compliance

All data collection, storage and processing will comply with the UK General Data Protection Regulation (UK GDPR) and the Data Protection Act 2018.

Cordis Bright will act as the data controller for evaluation data. Data will be processed under the lawful bases of public task and scientific research, with additional safeguards applied given the involvement of children. Data processing will be carried out in line with Cordis Bright's information governance and data protection policy.

The Ben Kinsella Trust will act as a data processor for any evaluation-related data it handles on behalf of Cordis Bright (for example, administration of post-workshop questionnaires), and as a separate data controller for programme monitoring data collected for operational purposes. Participating schools will act as data controllers for pupil data they hold and share for the purposes of facilitating the evaluation.

8.2 Data minimisation and confidentiality

Only data that are necessary to meet the objectives of the evaluation will be collected. Personal data will be minimised and, where possible, replaced with unique participant identifiers.

Identifiable information (such as pupil lists used for data collection administration) will be held separately from survey responses. Access to identifiable data will be restricted to authorised members of the research team on a need-to-know basis.

Any sharing of personal data between Cordis Bright, the Ben Kinsella Trust and participating schools will be governed by appropriate Information Sharing Agreements and/or Data Processing Agreements, setting out roles, responsibilities, security requirements and limits on use. Data sharing will be restricted to what is necessary to deliver the evaluation safely and effectively.

Personal and research data will be treated as confidential and will not ordinarily be shared outside the research team except in anonymised or aggregated form. Where a safeguarding concern requires action, the minimum necessary identifiable information may be shared with the school's Designated Safeguarding Lead in accordance with the study safeguarding procedure and applicable data-protection requirements.

8.3 Data storage and security

All electronic data will be stored on secure, password-protected servers operated by Cordis Bright. Data will be encrypted at rest and in transit. Any hard-copy materials (where required) will be stored in locked cabinets in secure offices.

Data will not be transferred outside the UK without appropriate safeguards in place and without ensuring compliance with UK GDPR requirements for international transfers.

8.4 Data retention and deletion

Personal data will be retained only for as long as necessary to complete the evaluation and meet contractual and legal obligations. In line with Cordis Bright's data retention policy, identifiable data will be deleted within six months following delivery of the final evaluation report.

Anonymised datasets may be retained for longer periods for research and audit purposes, in line with GDPR provisions for scientific research and YEF data sharing expectations where applicable. Cordis Bright will then anonymise all data (by securely deleting names and other personal data) and hold it on the Cordis Bright server until six years after the final report has been submitted to the YEF.

8.5 Participant rights

Participants and their parents/carers will be informed of their rights under UK GDPR, including the right to access, rectify or erase personal data, and the right to withdraw from the study. Information on how to exercise these rights will be provided in participant information materials.

Participants will be informed that withdrawal from the study will apply to future data collection only, and that once data have been anonymised and aggregated it may not be possible to remove individual contributions. These limits will be explained clearly in participant-facing materials.

9 Partners and interests

This section provides information about the Ben Kinsella Trust delivery team and the evaluation team from Cordis Bright. There are no conflicts of interest which we are aware of that may influence the design, implementation, analysis or reporting of the trial.

Cordis Bright is leading the evaluation, taking a collaborative approach with the Ben Kinsella Trust and the Youth Endowment Fund.

Details of key team members from Cordis Bright and the Ben Kinsella Trust are provided below.

9.1 Cordis Bright's delivery team

Matt Irani, Principal Investigator and Project Director, Cordis Bright. Responsible for ensuring the evaluation is delivered to a high standard and specification.

Madeleine Morrison, Co-Principal Investigator and Project Manager, Cordis Bright. Responsible for overseeing day-to-day project delivery and acting as the main point of contact for the YEF and the project delivery team.

Dr Stephen Boxford, Co-Principal Investigator and Quality Assurance, Cordis Bright. Responsible for providing quality assurance throughout the project.

Emma Andersen, Co-Principal Investigator, Senior Consultant, Cordis Bright. Responsibilities include RCT design and trial approach, statistical analysis plan, impact analysis and reporting.

Professor Darrick Jolliffe (University College London), Co-Principal Investigator, Cordis Bright associate. Responsibilities include evaluation design, shaping approaches, designing tools, and conducting analysis and quality assuring evaluation outputs.

Camilla Antrobus, Co-Principal Investigator, Cordis Bright associate. Responsibilities include supporting evaluation design, access to and liaison with schools, methods including participative methods, conducting fieldwork, and QA of all tools and outputs.

Kam Kaur, Co-Principal Investigator and Head of Safeguarding. Provides expert input on safeguarding and consultation with children.

Karim Bukleb and Dr Jordan Tomkins, Co-Principal Investigators, Researchers, Cordis Bright. Responsibilities include ongoing support to Ben Kinsella Trust practitioners and schools with administration of the evaluation tools, conducting fieldwork and drafting analysis and support with report drafting.

9.2 The Ben Kinsella Trust's delivery team

Tom Jewkes, Head of Programmes, the Ben Kinsella Trust. Overall responsibility for the project outputs, safeguarding of trial participants, and ensuring the evaluation is delivered within scope, budget and quality.

Raphael Charles, Youth Programmes Manager (Youth Endowment Fund), the Ben Kinsella Trust. Responsible for day-to-day delivery of the project, liaising with project partners, internal teams and coordinating delivery.

Nazifa Sultana, Evaluation Project Officer (Youth Endowment Fund), the Ben Kinsella Trust. Primarily responsible for outreach and engagement with participating schools and supporting with Project administration.

Kay Constance, Youth Programmes Manager (London), the Ben Kinsella Trust. Responsible for the delivery and management of the *Choices and Consequences* intervention in London.

Isla Robertson, Youth Programmes Officer, the Ben Kinsella Trust. Responsible for delivering the intervention to young people and logistical coordination of Exhibition sites.

Michael Bssada, Youth Programmes Officer, the Ben Kinsella Trust. Responsible for delivering the intervention to young people and logistical coordination of Exhibition sites.

Patrick Green, CEO, the Ben Kinsella Trust. Responsible for supporting the project team, ensuring the Project is delivered within the organisations governance and policy frameworks.

Rob Clark, Deputy CEO, the Ben Kinsella Trust. Responsible for supporting the project team, with a focus on the financial and operational considerations.

Ben Niles-Chance, Finance & Operations Manager, the Ben Kinsella Trust. Responsible for Project finances and accounting.

Alex Ross, Amy Leeson, Beko Wood, Damian Duguid, Donna-Marie Fry, Gabriela Chanova, Keaton Lansley, Maeve O'Haire, Nadia Asri, Natasha Kapadia, Phoebe Moore, Safia Lamrani, Sophie Corner, Edward Nkom, Hiba Belader, John Rogers, Marin Distafa, Joshua-Alexander Williams, Intervention Facilitators & Actors, the Ben Kinsella Trust. Responsible for delivering the *Choices and Consequences* intervention to young people.

10 Risks

This section outlines the key risks identified and the planned mitigation measures. These risks relate to trial feasibility, internal validity, safeguarding, and data quality. A more detailed risk register will be developed and maintained throughout the evaluation, and risks will be reviewed regularly by the evaluation team and delivery partner. The risks and mitigations described in Figure 8 reflect those most likely to affect successful delivery of the trial and interpretation of findings.

Figure 8: Summary of key risks and mitigation measures

Risk	Likelihood and impact	Mitigation
Lack of clarity around Theory of Change and participant pathways	Likelihood: low. Impact: high, as unclear pathways could undermine alignment between design, outcomes and analysis.	• Working closely with the project team and YEF to co-design and refine the Theory of Change. • Clear mapping of participant pathways within the protocol and accompanying figures. • Explicit definition of entry and exit points for participants across the trial.
School recruitment delays or withdrawals	Likelihood: medium. Impact: high, as delays or withdrawals could affect sample size and delivery timelines.	• Early engagement with schools and clear communication of trial requirements during onboarding. • Class-level randomisation ensures all participating schools receive some intervention delivery. • Phased recruitment and delivery, with flexibility to adjust scheduling within agreed terms.
Low parental consent or high opt-out rates	Likelihood: low to medium. Impact: medium, as high opt-out could reduce data completeness.	• Clear, accessible information materials for parents and carers. • Use of an opt-out consent model in line with YEF guidance. • Support to schools to manage communications and respond to queries.
Missing data due to pupil absence or incomplete questionnaires	Likelihood: medium. Impact: medium to high, depending on	• Data collection embedded within the school day wherever possible. • Use of mop-up sessions for absent pupils. • Ongoing monitoring of completion rates and follow-up with schools where feasible.

Risk	Likelihood and impact	Mitigation
	extent and pattern of missingness.	
Contamination between intervention and control classes	Likelihood: low. Impact: medium, as contamination could dilute observed effects.	• Class-level randomisation within schools. • Off-site delivery of the intervention. • Clear guidance to schools not to share intervention content with control classes during the trial period. • Short follow-up window to limit spillover effects.
Variation in delivery or implementation fidelity	Likelihood: low to medium. Impact: medium, as variation could affect consistency of outcomes.	• Manualised intervention and trained facilitators. • Clear specification of core components and permissible adaptations. • Monitoring of delivery through routine logs and the implementation and process evaluation.
Safeguarding concerns or pupil distress during delivery, including in response to emotionally intense components such as the Prisoner's Story	Likelihood: low. Impact: high, given the sensitive nature of the topic.	• Pre-visit safeguarding and wellbeing discussion with schools and identification of known support needs. • Trauma-informed, age-appropriate delivery and trained facilitators. • Ongoing monitoring of pupil reactions and ability to adapt intensity/pacing, pause activity or enable pupils to step out.• Structured decompression/debriefing and established BKT/school escalation pathways.• Clear safeguarding procedures aligned with school and BKT protocols.
Measurement bias in self-reported outcomes	Likelihood: medium. Impact: medium.	• Use of established, age-appropriate outcome measures where available, alongside explicit internal pilot assessment of the WTCAK scale. • Standardised administration procedures across schools. • Clear explanation of confidentiality and pseudonymisation and encouragement of honest responses during data collection.

Risk	Likelihood and impact	Mitigation
External contextual factors (e.g. school disruption or local incidents)	Likelihood: low to medium. Impact: medium.	• Flexible scheduling where feasible while maintaining trial integrity. • Documentation of contextual factors through monitoring and qualitative work. • Consideration of context when interpreting findings.

11 Timeline

Month	Delivery activity (Ben Kinsella Trust)	Evaluation activity (Cordis Bright)
March – April 2026	Begin school recruitment.	Draft information sheets, privacy notice and questionnaire layout. Draft ethics application.
April 2026	Recruitment meetings with prospective schools, specifically to secure 1 – 2 schools for operational testing.	Begin ethics application process to University of Portsmouth. (may take eight weeks) Develop evaluation handbook for BKT practitioners administering tools. Provide support for monitoring data systems.
May 2026	Mobilise operational testing school(s). Continue to recruit schools for next academic year and/or keep in touch with schools already recruited.	Provide training on tool administration for BKT practitioners. Finalise efficacy study protocol.
June/July 2026		Secure ethics approval. [Ethics approval secured 21 July 2026 (26/ETHICS/022)]
June – July 2026	Run operational testing in 1-2 schools. Continue further school recruitment.	Support BKT with delivery if issues arise, including piloting and testing randomisation approach and amending process where necessary.
August 2026		Conduct an audit to review process (e.g. randomisation, delivery, monitoring data, questionnaire data).
September 2026 – April 2028	Deliver *Choices and Consequences* to internal pilot schools and then roll out for full efficacy trial. Support completion of outcome measures (T1, T2, T3 and T4 questionnaires).	Support BKT with delivery if issues arise. Support completion of outcome measures (T1, T2,T3 and T4 questionnaires).

Month	Delivery activity (Ben Kinsella Trust)	Evaluation activity (Cordis Bright)
		Conduct fortnightly updates to track progress. Draft Statistical Analysis Plan (SAP). Complete IPE data collection.
May – July 2028	Support final longer-term follow-up where required.	Complete final T4 data collection and any outstanding IPE/monitoring activity.
August 2028	Capture cost data for the intervention.	Review cost data.
August 2028 – January 2029		Data analysis including outcomes, monitoring and IPE data. Triangulate analysis. Draft report.
February 2029		Report reviewed by YEF, peer review and BKT. Amend report.
tbc		Submission of final report. Prepare and submit data to the YEF data archive.

12 References

Bonell, C., Fletcher, A., Fitzgerald-Yau, N., Hale, D., Allen, E., Elbourne, D., Jones, R., Bond, L., Wiggins, M., Miners, A., Legood, R., Scott, S., Christie, D. & Viner, R. (2015). Initiating change locally in bullying and aggression through the school environment (INCLUSIVE): a pilot randomised controlled trial. *Health technology assessment (Winchester, England)*, *19*(53). https://doi.org/10.3310/hta19530

Bonell, C., Humphrey, N., Singh, I., Viner, R.M. and Ford, T. (2023). Approaches to consent in public health research in secondary schools. *BMJ Open*, 13, e070277.

Braun, V. and Clarke, V. (2006). Using thematic analysis in psychology. Qualitative Research in Psychology, 3(2), pp.77–101. doi.org/10.1191/1478088706qp063oa

Braun, V. and Clarke, V. (2019). Reflecting on reflexive thematic analysis. Qualitative Research in Sport, Exercise and Health, 11(4), pp.589–597. doi.org/10.1080/2159676X.2019.1628806

Dong, N. and Maynard, R., 2013. PowerUp!: A tool for calculating minimum detectable effect sizes and minimum required sample sizes for experimental and quasi-experimental design studies. *Journal of Research on Educational Effectiveness*, *6*(1), pp.24-67.

Education Endowment Foundation (EEF). (2022). *Implementation and process evaluation guidance.* London: EEF. https://educationendowmentfoundation.org.uk.

Farrington, D.P., Ttofi, M.M. and Piquero, A.R., 2016. Risk, promotive, and protective factors in youth offending: Results from the Cambridge study in delinquent development. *Journal of criminal justice*, *45*, pp.63-70.

Goodman, R., 1997. The Strengths and Difficulties Questionnaire: a research note. *Journal of child psychology and psychiatry*, *38*(5), pp.581-586.

Goodman, R. (2001) 'Psychometric properties of the Strengths and Difficulties Questionnaire', *Journal of the American Academy of Child & Adolescent Psychiatry*, 40(11), 1337–1345.

Hale, D. R., Patalay, P., Fitzgerald-Yau, N., Hargreaves, D. S., Bond, L., Görzig, A., ... & Viner, R. M. (2014). School-level variation in health outcomes in adolescence: analysis of three longitudinal studies in England. *Prevention Science*, *15*(4), 600-610. https://doi.org/10.1007/s11121-013-0414-6

Hobson, Z., Yesberg, J.A. and Bradford, B. (2022) 'Fear appeals in anti-knife carrying campaigns: successful or counter-productive?', *Journal of Interpersonal Violence*, 37(23–24), pp. NP21573–NP21598. Available at: https://pmc.ncbi.nlm.nih.gov/articles/PMC9679559/.

Home Office (2018) *Serious Violence Strategy.* London: Home Office. Available at: https://www.gov.uk/government/publications/serious-violence-strategy (Accessed: 15 December 2025).

Home Office (2022) *Serious Violence Duty: statutory guidance.* London: Home Office. Available at: https://www.gov.uk/government/publications/serious-violence-duty (Accessed: 15 December 2025).

House of Commons (2025) *Knife crime statistics, England and Wales.* House of Commons Library. Available at: https://commonslibrary.parliament.uk/research-briefings/sn04304/ (Accessed: 15 December 2025).

Lammy, D. (2017) *The Lammy Review: An independent review into the treatment of, and outcomes for, Black, Asian and Minority Ethnic individuals in the criminal justice system.* London: Ministry of Justice. Available at: https://www.gov.uk/government/publications/lammy-review-final-report (Accessed: 15 December 2025).

Liddle, I. and Carter, G.F.A. (2015) 'Emotional and psychological well-being in children: The development and validation of the Stirling Children's Well-being Scale', Educational Psychology in Practice, 31(2), pp. 174–185.

Overgaauw, S., Rieffe, C., Broekhof, E., Crone, E.A. and Güroğlu, B. (2017) 'Assessing empathy across childhood and adolescence: Validation of the Empathy Questionnaire for Children and Adolescents (EmQue-CA)', *Frontiers in Psychology*, 8, 870.

Parker, K., Nunns, M., Xiao, Z., Ford, T., & Ukoumunne, O. C. (2021). Characteristics and practices of school-based cluster randomised controlled trials for improving health outcomes in pupils in the United Kingdom: a methodological systematic review. *BMC Medical Research Methodology*, *21*(1), 152. https://doi.org/10.1186/s12874-021-01348-0

Steinberg, L., Albert, D., Cauffman, E., Banich, M., Graham, S. and Woolard, J., 2008. Age differences in sensation seeking and impulsivity as indexed by behavior and self-report: evidence for a dual systems model. *Developmental psychology*, *44*(6), p.1764.

Warner, G., Osman, F., McDiarmid, S. *et al.* Giving schools a nudge: can behavioural insights improve recruitment of schools to randomised controlled trials?. *BMC Res Notes* 14, 99 (2021). https://doi.org/10.1186/s13104-021-05509-8

Youth Endowment Fund. (2021b). *Analysis guidance* https://res.cloudinary.com/yef/images/v1623145483/cdn/6.-YEF-Analysis-Guidance/6.-YEF-Analysis-Guidance.pdf.

Youth Endowment Fund (2024). *Children, Violence and Vulnerability 2024*. London: Youth Endowment Fund.

Youth Endowment Fund (2025a). *Children, Violence and Vulnerability 2025*. London: Youth Endowment Fund.

Youth Endowment Fund (2025b). *YEF Trials on Knife Crime Education Programmes – Evaluation Parameters Position Paper.* September 2025.

Youth Justice Board (2024) *Youth justice statistics for England and Wales 2022/23.* Ministry of Justice. Available at: https://www.gov.uk/government/statistics/youth-justice-statistics-2022-to-2023 (Accessed: 15 December 2025).

Appendix 1

The table below presents the *Choices and Consequences* intervention's Theory of Change. The Theory of Change distinguishes between short- and medium-term outcomes that are expected to change during late childhood and early adolescence, and longer-term intended impacts related to behaviour and pro-social action that are expected to emerge over time and are not directly measured in this study.

The Theory of Change is informed by the intervention's development history, learning from delivery, internal evaluation activity, and existing evidence on early violence prevention. It reflects the intervention's focus on proximal, developmentally appropriate outcomes rather than direct behavioural change.

At a high level, the Theory of Change assumes that:

- Exposure to immersive, emotionally engaging content increases children and young people's understanding of the real-world consequences of knife crime for victims, families, communities and offenders.
- Structured opportunities for reflection and discussion support empathy, emotional engagement and critical thinking.
- Exploring peer influence and responsibility strengthens children and young people's confidence and self-efficacy to make safer choices.
- Shifts in attitudes, empathy and perceived norms reduce willingness or intentions to carry a knife as children approach adolescence and experience increased exposure to risk.

The intervention's causal mechanisms operate through a combination of emotional engagement, reflection on social norms, and confidence-building related to decision-making and peer influence.

Immersive storytelling and theatre are intended to evoke empathy and emotional connection, making abstract risks personally meaningful. This emotional engagement is expected to increase the salience of consequences and support perspective-taking, particularly in relation to harm to others. Facilitated discussion and reflective activities support young people to examine peer influence and perceived norms, while structured prompts reinforce self-efficacy and confidence in making safer decisions.

Together, these mechanisms are expected to influence attitudes, intentions and perceived norms that function as early precursors to later behaviour, recognising that behavioural involvement itself is unlikely at this developmental stage.

As a one-off, universal intervention, *Choices and Consequences* is not expected to produce immediate behavioural change. Instead, its contribution is theorised to lie in shaping how children think and feel about risk, harm and peer influence at a point of developmental malleability, before exposure to risk intensifies.

The Theory of Change underpins both intervention delivery and outcome selection for the efficacy study and is revisited through the implementation and process evaluation.

Why: Context	Why: Evidence	Who: participants	How: intervention	Short-term outcomes	Medium-term outcomes	Long-term outcomes
Rising youth knife crime and early-stage risk factors Knife-enabled offending in England and Wales has increased substantially over the past decade, rising from ~26,500 recorded offences in 2013/14 to more than 50,000 in 2023/24 (House of Commons, 2025). Children and young people are disproportionately affected: in 2022/23, just under 3,400 knife or offensive-weapon offences committed by 10–17-year-olds resulted in a caution or sentence, 23% higher than ten years ago despite a slight fall in the most recent year (YJB, 2024). Young people are also more likely than adults to be victims of serious violence. **Shift toward early intervention and public health approaches** In response, national policy has increasingly emphasised early, preventative action. The Home Office Serious Violence Strategy (2018) and the Serious Violence Duty (2022) require multiagency collaboration to address the drivers of violence, including risk, vulnerability, peer influence and community context. Violence Reduction Units and funders like YEF have prioritised interventions focused on teaching skills, shifting attitudes, and creating safer decision-	**Limited causal evidence for knife-crime education** Despite the scale of the problem, there is limited robust causal evidence on whether knife-crime education interventions improve attitudes, empathy, perceived norms or decision-making. Existing studies are mostly pre–post or quasi-experimental, making it difficult to determine impact confidently. This evaluation therefore fills a significant gap in the evidence base. **Targeting attitudes, empathy and intentions through immersive learning** Knife carrying is rare among younger adolescents, so short-term behavioural change is not a realistic or ethical primary outcome. Instead, research suggests that attitudes, empathy, perceived peer norms, emotional regulation and intentions are early precursors for later behaviour. These are the outcomes most strongly targeted by C&C's emotional, reflective workshop model.	Children and young people aged 10–13 (Years 6–8) attending mainstream schools that book the C&C workshop. For this efficacy study: Year 6 pupils aged approximately 10–11. Choices and Consequences has a wider programme age range outside the trial Universal participation within year groups, ensuring no stigma and shared peer learning. Cohorts often include pupils from areas experiencing higher deprivation or community exposure to serious youth violence. Prior to each visit, BKT works with schools to identify pupil needs	C&C is a one-off, two-hour immersive workshop using experiential learning to shift how children and young people think and feel about knife crime. It works through: • Storytelling and real victim narratives to evoke empathy and support perspective-taking. • Guided discussions using a fictional storyline to explore how seemingly small decisions escalate into serious consequences. • Interactive exhibits and immersive theatre to deepen emotional engagement and make learning memorable. • Clear factual information about the legal, social and emotional consequences of knife carrying.	**Knowledge & understanding** • Increased understanding of a range of consequences associated with knife crime. • Understand that carrying a knife does not increase safety. **Attitudes & perceptions** • Greater recognition of how positive choices keep themselves and others safe. • Improved understanding of their role in preventing harm. **Emotional mechanisms** • Initial increases in empathy with people affected by knife crime.	**Skills & self-belief** • Increased confidence and self-efficacy to make safe, informed decisions. • Greater ability to resist peer influence linked to risk. **Empathy & emotional regulation** • Sustained or strengthened empathy for victims, families and communities. • Greater emotional awareness when considering risky behaviour. **Attitudes, norms & intentions** • A more accurate or realistic perception of	• Lower likelihood of future knife carrying. • Children and young people take pro-social actions to keep themselves and others safe. • Children and young people make more informed, safer decisions in risky contexts. • Contribution to wider reductions in serious youth violence over time. • Strengthened school cultures around safety, dialogue and early intervention.

Why: Context	Why: Evidence	Who: participants	How: intervention	Short-term outcomes	Medium-term outcomes	Long-term outcomes
making environments for young people. **Critical developmental window** Primary and early secondary school years represent a period when attitudes about risk, violence, peer norms and empathy are still malleable. Intervening at this point offers potential to prevent harmful beliefs from consolidating, even though actual knife carrying remains rare in this age group. **Gap in current school-based provision** Existing school provision on knife crime is inconsistent and often limited to brief, information-focused lessons that do not engage with the attitudes, empathy or decision-making processes underpinning young people's choices. Few schools use immersive or experiential methods shown to strengthen emotional connection and reflection. This leaves a gap in early, developmentally appropriate education that supports young people to think and feel differently about risk.	Through storytelling, guided discussion and reflective exercises, the intervention aims to shift how children and young people think and feel about knife crime, consistent with YEF's outcome framework for violence and victimisation prevention. **Strengthening impact by embedding EDI** There is emerging evidence that evaluations and interventions are more effective when they are designed through an equity lens. Inclusive recruitment, culturally relevant materials, strong relationships with peer researchers, and intersectional analysis improve both participation and data quality. Centring EDI ensures the trial reflects diverse experiences and does not unintentionally exclude or misrepresent groups most affected by serious violence.	and vulnerabilities (e.g., SEND, trauma history, bereavement, safeguarding concerns) to ensure safe, trauma-informed delivery.	• Facilitated reflection to build self-efficacy and confidence in making safer decisions. These mechanisms directly target proximal outcomes (knowledge, empathy, attitudes, intentions), which are the most realistic and ethical to influence in this age group. The intervention offer is supported by pre-visit preparation and safeguarding coordination with schools, while structured debriefing forms part of the workshop itself.	• Stronger emotional engagement with the consequences of risky behaviour.	knife carrying and peer approval. • Reduced intention or willingness to carry a knife. • Increased sense of personal safety without a weapon.	

Appendix 2

11-item version of the Willingness to Carry a Knife (WTCAK) scale

1. I Would consider carrying a knife when I leave the house
2. There are certain situations when I would consider carrying a knife
3. I Can understand why some people would carry a knife
   Self-esteem/cultural worldviews
   Self-esteem
4. Carrying a knife would make me feel protected when in public
5. Carrying a knife would make me feel more positive about myself
6. Carrying a knife would give me more confidence
7. Carrying a knife would make people respect me more
   Cultural worldviews
8. My friends would have a higher opinion of me if I carried a knife
9. I have more to gain by carrying a knife than I do to lose
10. People see knife carrying as a sign of strength
11. Others would feel safer in my company if I carried a knife

Scoring: Participants rate how much they agree with each statement on a 5-point Likert scale (where 1 = Strongly disagree and 5 = Strongly agree). Higher scores indicate greater willingness to carry a knife.

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